

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/1

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-23-2008 90160 023 ***138.75

DOCUMENT # L03000047033

1. Entity Name
EROD ENTERPRISES, LLC



Principal Place of Business
**4332 BALINGTON DRIVE
VALRICO, FL 33594 US**

Mailing Address
**4332 BALINGTON DRIVE
VALRICO, FL 33594 US**



04202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0416141

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ELVIS
4332 BALINGTON DRIVE
VALRICO, FL 33594**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed Name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. **MANAGING MEMBERS/MANAGERS**

| | |
|----------------|----------------------|
| TITLE | MGRM |
| NAME | RODRIGUEZ, ELVIS |
| STREET ADDRESS | 4332 BALINGTON DRIVE |
| CITY-ST-ZIP | VALRICO, FL 33594 |
| TITLE | MGRM |
| NAME | RODRIGUEZ, EVA M |
| STREET ADDRESS | 4332 BALINGTON DRIVE |
| CITY-ST-ZIP | VALRICO, FL 33594 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

EVA RODRIGUEZ

6/17/08

Date

Daytime Phone #

813.626.0800