

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90207 001 *****25
04-15-2008 90207 002 ***138.50

DOCUMENT # L03000048544

1. Entity Name
CB SILLS APPLIANCE REPAIR LLC



Principal Place of Business
835 O'BERRY HOOVER RD
ORLANDO, FL 32825

Mailing Address
835 O'BERRY HOOVER RD
ORLANDO, FL 32825

30003333



01052008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3709692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILLS, CLARENCE B
835 O'BERRY HOOVER RD
ORLANDO, FL 32825

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SILLS, CLARENCE B
835 O'BERRY HOOVER RD
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAILEY, CALVIN
835 O'BERRY HOOVER RD
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAILEY, PAUL
835 O'BERRY HOOVER RD
ORLANDO, FL 32825

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:

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

03-31-08 407-277-1210

Date Daytime Phone #