

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90062 050 \*\*\*138.75

**DOCUMENT # L03000053783**

1. Entity Name

KRISTOPHER WHITE, L.L.C.



Principal Place of Business

1021 DAYTONA AVE  
HOLLY HILL FL 32117

Mailing Address

1021 DAYTONA AVE  
HOLLY HILL FL 32117



2. Principal Place of Business - No P.O. Box #

219 OAKRIDGE BLVD

3. Mailing Address

219 OAKRIDGE BLVD

Suite, Apt. #, etc.

LOWER

Suite, Apt. #, etc.

LOWER

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32118

Country

FLORIDA

Zip

32118

Country

FLORIDA

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-0497033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, KRISTOPHER  
1021 DAYTONA AVE  
DAYTONA BEACH, FL 32117

7. Name and Address of New Registered Agent

Name

WHITE KRISTOPHER

Street Address (P.O. Box Number is Not Acceptable)

219 OAKRIDGE BLVD

# LOWER

City

DAYTONA BEACH

FL

Zip Code

32118

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

*Kristopher White*

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

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WHITE, KRISTOPHER	
STREET ADDRESS	1021 DAYTONA BEACH AVE	
CITY - ST - ZIP	HOLLY HILL FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Kristopher White*

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

4/21/08

386 690 7496

Date

Daytime Phone #