# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000002962**

1. Entity Name
SIERRA ENTERPRISES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 6977 GILDA COURT<br>KEYSTONE HEIGHTS, FL 32656   US | 6977 GILDA COURT<br>KEYSTONE HEIGHTS, FL 32656   US |

## DO NOT WRITE IN THIS SPACE

01212008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 65-1219199 | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

NEWELL, PAUL D
260A LAWRENCE BLVD.
SUITE 201
KEYSTONE HEIGHTS, FL 32656

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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 | MGRM |
| NAME | CARPENTER, LINDA R |
| STREET ADDRESS | 6977 GILDA COURT |
| CITY-ST-ZIP | KEYSTONE HEIGHTS, FL 32656 |
| TITLE | MGRM |
| NAME | THOMAS, NOEL H |
| STREET ADDRESS | 6977 GILDA COURT |
| CITY-ST-ZIP | KEYSTONE HEIGHTS, FL 32656 |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/06/08-80060-014  138.75

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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: *Noel H Thomas*   Noel H. Thomas   1/24/08   352-478-9356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #