


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-15-2008 90105 031 ***138.75

DOCUMENT # L04000007040 1. Entity Name TIP-N-RING, LLC																													
Principal Place of Business 1398 EVALENA LANE 4801 McKeown Ln. NORTH FORT MYERS, FL 33917				Mailing Address 4801 McKeown Ln. 1398 EVALENA LANE NORTH FORT MYERS, FL 33917																									
2. Principal Place of Business - No P.O. Box # 4801 McKEOWN LANE		3. Mailing Address 4801 McKEOWN LANE																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State N. FT. MYERS, FL.		City & State N. FT. MYERS, FL		4. FEI Number 65-1213437																									
Zip 33917		Country LEE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent MCKEOWN, KIM M 1398 EVALENA LANE NORTH FORT MYERS, FL 33917				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 4801 McKEOWN LANE City N. FT. MYERS FL Zip Code 33917																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCKEOWN, KIM M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1398 EVALENA LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH FORT MYERS, FL 33917</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">4801 McKEOWN LANE</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>N. FT. MYERS, FL 33917</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MCKEOWN, KIM M		STREET ADDRESS	1398 EVALENA LANE		CITY - ST - ZIP	NORTH FORT MYERS, FL 33917		TITLE	4801 McKEOWN LANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	N. FT. MYERS, FL 33917		STREET ADDRESS			CITY - ST - ZIP		
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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: <u>Kim McKeeown</u> Kim McKeeown <u>4-11-08</u> 239-810-4617																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													