# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000008645**

**1. Entity Name**
MISS ELAINEOUS/ELAINE SUBER LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 614 TRUETT DRIVE<br>TALLAHASSEE, FL 32303 | 614 TRUETT DRIVE<br>TALLAHASSEE, FL 32303 |

## DO NOT WRITE IN THIS SPACE

04082008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 86-1095185 | Not Applicable |

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

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

SUBER, ELAINE C
614 TRUETT DR
TALLAHASSEE, FL 32303

## 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 *Elaine C Suber*                                    4-8-08

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 | YGRM |
| NAME | SUBER, ELAINE C |
| STREET ADDRESS | 614 TRUETT DR |
| CITY-ST-ZIP | TALLAHASSEE, FL 32303 |

00000083481
04/22/08-80056-005 138.75

## DO NOT WRITE IN THIS SPACE

| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| 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 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:** *Elaine C Suber*                    4-8-08   850-443-1055

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