


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000013686 1. Entity Name DUNBARSKI, L.L.C.	
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Principal Place of Business 5520 EAST GIDDENS AVENUE TAMPA, FL 33610	Mailing Address 5520 EAST GIDDENS AVENUE TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE



01092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1166981	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FARAGE, NANCY G
707 N. FRANKLIN STREET
4TH FLOOR
TAMPA, FL FL

**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 renouncing) 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 PRZYBYLSKI, GAIL 5520 E GIDDENS AVE TAMPA, FL 33610
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02/12/08-80062-006 138.75

**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 606, Florida Statutes.

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

1-31-08 83514-1328
Date Daytime Phone #