# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 06, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # L04000020139

1. Entity Name
CARL R. PHAIR, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 4329 APPLECREST DR<br>PALM BEACH GARDENS, FL 33410 | 4329 APPLECREST DR<br>PALM BEACH GARDENS, FL 33410 |

01072008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-0879147

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHAIR, CARL R
4329 APPLECREST DR
PALM BEACH GARDENS, FL 33410

**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 reinstating) DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | PHAIR, CARL R |
| STREET ADDRESS | 4329 APPLECREST DR |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL 33410 |
| TITLE | |
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**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 608, Florida Statutes.

**SIGNATURE:** Carl R. Phair

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