

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # L04000026758

1. Entity Name
N5276U ENTERPRISE LLC



Principal Place of Business: **621 LAKEVIEW ROAD SUITE C CLEARWATER, FL 33756**
Mailing Address: **P. O. BOX 476 CLEARWATER, FL 33757**



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0241058

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WINTERS, ELISE K
1006 DREW ST
CLEARWATER, FL 33755**

**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

U000000792197
01/23/08-80107-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SPETZ, ANDREW C
STREET ADDRESS	609 TURNER STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	MGRM
NAME	POWELL, PEGGY
STREET ADDRESS	160 BLUFF VIEW DRIVE
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770
TITLE	MGRM
NAME	DE VOS, ROBERT
STREET ADDRESS	P. O. BOX 476
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	MGRM
NAME	WINTERS, ELISE K
STREET ADDRESS	609 TURNER ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	MGRM
NAME	FITZGERALD, CHRISTINA M
STREET ADDRESS	670 ISLAND WAY #1005
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Christina M. Fitzgerald

CHRISTINA M. FITZGERALD 1/17/08 727-446-2866

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

Date

Daytime Phone #