## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000028040

Entity Name

HOWE ENTERPRISES, LLC



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

36880 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982 US

36880 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982 US



01212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1002864 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWE, RICHARD 36880 WASHINGTON LOOP ROAD PUNTA GORDA, FL 33982

## DO NOT WRITE IN THIS SPACE

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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 # applicable.	(NOTE: Besieves	Agent signature required when reinstating)	DATE
FILE	NOWIII FEE IS \$138.75	(NOTE REGISSION	Agents segment of control who is to including)	MATE
After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE Name	MGR HOWE, RICHARD			
STREET ADDRESS	36880 WASHINGTON LOOP ROAD			มกกกกรอววว
CITY-ST-ZIP	PUNTA GORDA, FL 33982			U00000793322 01/25/08-80004-011 138.75
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME Street address				
CITY-ST-ZIP			DO NOT WRITE	
TITLE			INI '	THIS SPACE
NAME			114	IIIIO OI ACL
STREET ADDRESS				

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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1-22-08

628-3564

Daytime Phone #