

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

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

DOCUMENT # L04000030953

1. Entity Name
SINCLAIR WINTON, LLC



Principal Place of Business
**17114 ORANGE WOOD DR
LUTZ FL 33548
US**

Mailing Address
**17114 ORANGE WOOD DR
LUTZ FL 33548
US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number **NO-T APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WINTON, SINCLAIR
17114 ORANGE WOOD DR
LUTZ FL 33548**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR WINTON, SINCLAIR 17114 ORANGE WOOD DR LUTZ FL 33548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000821487 02/19/08-80026-012 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *SINCLAIR WINTON Sinclair Winton* 2-5-08 949-6891 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Page 6 of 6