

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 AUG 20 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08132007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1218485 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LARSON, CARL
8913 E MARTIN LUTHER KING BLVD
TAMPA, FL 33610

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 signature required when re-registering) DATE _____

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LARSON, CARL
STREET ADDRESS 8913 E MARTIN LUTHER KING BLVD
CITY-ST-ZIP TAMPA, FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME ADRIENNE L. LARSON
STREET ADDRESS 4314 W. WOODMERE RD.
CITY-ST-ZIP TAMPA, FL 33609 ☐ Change ☒ Addition

TITLE MGRM
NAME DIANNE L. ROSSI
STREET ADDRESS 4932 BAY WAY PLACE
CITY-ST-ZIP TAMPA, FL 33629 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 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 A. Larson 8/13/07 (813) 289-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #