

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90021 012 ***138.75

DOCUMENT # L04000032244



1. Entity Name
ETB DEVELOPMENT COMPANY, LLC

Principal Place of Business
**167 107TH AVE
TREASURE ISLAND, FL 33706**

Mailing Address
**PO BOX 9691
TREASURE ISLAND, FL 33740**

60036815



2. Principal Place of Business - No P.O. Box #
240 108th Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Treasure Island, FL

Zip

Country

Zip

Country

33706

USA

03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-1098797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCGRATH, ROBERT T
167 107TH AVE
TREASURE ISLAND, FL 33706**

Name
McGrath, Robert T

Street Address (P.O. Box Number is Not Acceptable)

240 108th Ave, Suite 101

City
Treasure Island, FL

Zip Code
33706

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 **Robert McGrath**

4-29-08

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**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCGRATH DEVELOPMENT CORPORATION
3202 S MARITANA DR
ST PETE BEACH, FL 33706**

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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: **Robert McGrath**

4-29-08

727-368-0686

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

Date

Daytime Phone #