## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000034201

1. Entity Name

**TENTACLE HOLDINGS LLC** 



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

12306 46TH AVE. WEST CORTEZ, FL 34215

Mailing Address

P.O. BOX 1

CORTEZ, FL 34215



04302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	-		Applied For
65-0645719		-	Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

6. Name and Address of Current Registered Agent

BELL, KAREN L 12003 45TH AVE. WEST CODTET EL 24215

## DO NOT WRITE

CORTEZ,	TL 34210	IN THIS SPACE		
	named entity submits this statement for the purpose of changing its registere ons of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered	Agent signature required when reinstating) DATE		
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	U00000930270		
9.	MANAGING MEMBERS/MANAGERS	05/21/08-80102-010 138.75		
TITLE NAME STREET ADDRESS CITY - ST-ZIP	MGR BELL, KAREN L P.O. B0X 1 CORTEZ, FL 34215			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE