

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90028 021 \*\*\*538.75

DOCUMENT # L04000040238

1. Entity Name  
ANBERLIN LLC



Principal Place of Business  
1019 S. TENNESSEE AVE.  
LAKELAND, FL 33803

Mailing Address  
908 WEST PRINCETON ST  
ORLANDO, FL 32804

50009405



2. Principal Place of Business - No P.O. Box #  
23 N. Summerlin Ave  
Suite, Apt. #, etc.

3. Mailing Address  
23 N Summerlin Ave  
Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State  
Orlando FL  
Zip  
32801  
Country

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Orlando FL  
Zip  
32801  
Country

4. FEI Number  
20-1149229  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KRINER, KYLE  
906 WEST PRINCETON ST  
ORLANDO, FL 32804

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 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ARNOLD, STEVE	
STREET ADDRESS	2113 WINTERSET ROAD	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	V	<input type="checkbox"/> Delete
NAME	REXROAT, DEON	
STREET ADDRESS	800 CARLTON COURT	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLIGAN, JOEY	
STREET ADDRESS	116 LOWELL ROAD SE	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9035 Hollywood Blvd
STREET ADDRESS	Los Angeles CA 90046
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4420 Glens Landing
STREET ADDRESS	Winter Haven, FL 33884
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	210 5th Ave Apt 102
STREET ADDRESS	Saint Petersburg FL 33701
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 8/8/08 Daytime Phone #