2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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FILED Apr 11, 2008 08:00 Al Secretary of State

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1. Entity Name
CHARLES COMBS, LLC



Principal Place of Business

752 SEMINOLE AVENUE LONGWOOD, FL 32750

Mailing Address

752 SEMINOLE AVENUE LONGWOOD, FL 32750



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COMBS, CHARLES 752 SEMINOLE AVENUE LONGWOOD, FL 32750

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8.		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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

<u>- HONDOORAZET</u>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

04/23/08-80072-020 138.75

9.	MANAGING MEMBERS/MANAGERS	ji,
TITLE NAME	PST COMBS, CHARLES	
STREET ADDRESS	752 SEMINOLE AVENUE	10
CITY-ST-ZIP	LONGWOOD, FL 32750	314.3
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11. I hereby certify that the information supplied with this filling 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: Charles Comb

4/9/08-401-416-1000

Daytime Phone a