

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000057882

1. Entity Name
THEE LLC



Principal Place of Business

**28 CORDOVA STREET
ST. AUGUSTINE, FL 32084 US**

Mailing Address

**28 CORDOVA STREET
ST. AUGUSTINE, FL 32084 US**



01212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2098152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHRISTINE, ALEXANDER R JR.
28 CORDOVA STREET
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------------|
| TITLE | MGRM |
| NAME | CHRISTINE, ALEXANDER R JR |
| STREET ADDRESS | 28 CORDOVA STREET |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 |
| TITLE | MGRM |
| NAME | LARIZZA, RALPH J |
| STREET ADDRESS | 1510 N PONCE DE LEON BLVD STE B |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 |
| TITLE | MGRM |
| NAME | GEER, MARGO |
| STREET ADDRESS | 28 CORDOVA STREET |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32084 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U000000841373
03/10/08-80015-007 138.75

**DO NOT WRITE
IN THIS SPACE**

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:

Margo Geer

2/25/08

904-829-0523

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

Date

Daytime Phone #