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

## **FILED** Apr 15, 2008 8:00 am Secretary of State

04-15-2008 90097 049 \*\*\*138.75

DOCUMENT # L04000059276  1. Entity Name MEGNJOE , LLC						04-15-2008 90097 049 ***138.75			
Principal Place of Business  3014 65TH STREET EAST BRADENTON, FL 34208 US  Mailing Address  3014 65TH STREET EAS BRADENTON, FL 34208				5			5000	2726	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_		it 85101 01110 16510 14911 19010 0	161 <b>22</b> 5 111 1221		
				03312008	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Number 42-1640		<del> </del>	pplied For lot Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	☐ <b>\$5.00</b> Ad Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
CAVANAGH, DENIS M				Name					
3014 65TH	I STREET E		Street Address (P		s (P.O. Box Numbe	r is Not Acceptable	)		
BRADENT	ON, FL 34208								
				City			FL Zip Coo	de	
	named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent.			ed Office of regis		n, in the State of Pio	DATE	, and accept	
	NOW!!! FEE IS \$138.75		TE: Hagistara	O Agent agracine requi	red when reinstating)		e check payable to		
	<del></del>		i C: Hagistora	o Agent signature requi	red when reinstating)				
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	10.		red when remetating)		e check payable to Department of Star CHANGES	te	
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5		E	red when remetating)	Florida	e check payable to a Department of Sta		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS	10. Titl Nam Stri	e Ie Eet address	red when remetating)	Florida	e check payable to Department of Star CHANGES	te	
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBE MGR CAVANAGH, DENIS M	RS/MANAGERS	10. TITL NAM STRI CITY	E IE EET ADDRESS -ST-ZIP	red when reinstating)	Florida	e check payable to a Department of Sta CHANGES	de ☐ Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS	10. TITL NAM STRI CITY TITL	e Ie Eet address -St-Zip E	red when remetating)	Florida	e check payable to Department of Star CHANGES	te	
9.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS	10. TITL NAM STRI CITY TITL NAM STRI	e Ie Eet address -ST-ZIP E	red when reinstating)	Florida	e check payable to a Department of Sta CHANGES	de ☐ Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS	10. TITL NAM STRIC CITY TITL NAM STRIC CITY TITL TITL TITL TITL	E  EET ADDRESS -ST-ZIP  E  EET ADDRESS -ST-ZIP  E	red when remetating)	Florida	e check payable to a Department of Sta CHANGES	de ☐ Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Detete	10. TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI NAM STRI	E IE EET ADDRESSST-ZIP E IE EET ADDRESSST-ZIP E IE EET ADDRESSST-ZIP E IE EET ADDRESS	red when remetating)	Florida	e check payable to a Department of Star CHANGES Change	Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Detete	10. TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI NAM STRI	E  E  E  E  E  E  E  E  E  E  E  E  E	red whon remetating)	Florida	e check payable to a Department of Star CHANGES Change	Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Delete  Delete	10. TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY	E E E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	red when remetating)	Florida	e check payable to a Department of Star  CHANGES  Change  Change	Addition  Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Delete  Delete	10. TITL NAM STRI CITY	E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	red when remetating)	Florida	e check payable to a Department of Star  CHANGES  Change  Change	Addition  Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Delete  Delete	10. TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI CITY TITL TITL TITL TITL TITL TITL TITL T	E E E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	red when remetating)	Florida	e check payable to a Department of Star  CHANGES  Change  Change	Addition  Addition  Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Delete  Delete  Delete	10. TITL NAM STRI CITY	E E E E E E E T ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	red when rematating)	Florida	e check payable to a Department of Star  CHANGES  Change  Change  Change	Addition  Addition  Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Delete  Delete  Delete	10. TITL NAM STRI CITY	E IE  IE IE  SET ADDRESS -ST-ZIP  E IE  EET ADDRESS	red when remetating)	Florida	e check payable to a Department of Star CHANGES Change Change Change Change	Addition  Addition  Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Delete  Delete  Delete	10. TITL NAM STRI CITY	E   E   E   E   E   E   E   E   E   E	ed when rematating)	Florida	e check payable to a Department of Star  CHANGES  Change  Change  Change	Addition  Addition  Addition	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR CAVANAGH, DENIS M 3014 65TH STREET E.	RS/MANAGERS  Delete  Delete  Delete  Delete	10. TITL NAM STRI CITY	E   E   E   E   E   E   E   E   E   E	red when remetating)	Florida	e check payable to a Department of Star CHANGES Change Change Change Change	Addition  Addition  Addition	

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: DENIS M CAVANAGH SIGNATURE AND TYPED OR PROSED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4-9-08

941-747-3034

Daytime Phone #