

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90048 047 ***138.75

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1. Entity Name
LEDGEB, LLC

Principal Place of Business
**201 N. FRANKLIN STREET STE. 2000
TAMPA, FL 33602**

Mailing Address
**201 N. FRANKLIN STREET STE. 2000
TAMPA, FL 33602**

60001478



2. Principal Place of Business - No P.O. Box #
7056 MARINER BLVD.
Suite, Apt. #, etc.

3. Mailing Address
7056 MARINER BLVD.
Suite, Apt. #, etc.

01102008 Chg-LLC CR2E083 (12/06)

City & State
SPRING HILL FL
Zip
34609
Country
HERNANDO

City & State
SPRING HILL FL
Zip
34609
Country
HERNANDO

4. FEI Number
20-1674017
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, C.A. ESQ
201 N. FRANKLIN STREET STE. 2000
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
SCOTT M. GEBHARDT
Street Address (P.O. Box Number is Not Acceptable)
7056 MARINER BLVD.
City
SPRING HILL FL Zip Code
34609

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]*
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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GEBHARDT, SCOTT
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GEBHARDT, GENNY
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GEBHARDT, SCOTT
7056 MARINER BLVD.
SPRING HILL FL 34609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
GEBHARDT, GENNY
7056 MARINER BLVD.
SPRING HILL FL 34609** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #