

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000060137 1. Entity Name 8803 ENTERPRISE TAMPA, LLC	
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Principal Place of Business 9780 NW 79 AVENUE HIALEAH GARDENS, FL 33016	Mailing Address 9780 NW 79 AVENUE HIALEAH GARDENS, FL 33016
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DO NOT WRITE IN THIS SPACE

01182008No Chg-LLC CR2E083 (12/07)

4. FEI Number 37-1494556	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, SANTIAGO A
9595 COLLINS AVENUE, #1008N
SURFSIDE, FL 33154

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR SUAREZ, SANTIAGO A 9595 COLLINS AVENUE #1008N SURFSIDE, FL 33154
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01/28/08-80036-004 138.75

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

4/18/08 305-821-9720
Date Daytime Phone #