

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90317 048 ***138.75

60026127



01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number **03-0405905** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NEWLON, TIMOTHY
12146 CURLEY STREET
SAN ANTONIO, FL 33576

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12620 CURLEY ST. #103
City **SAN ANTONIO** FL Zip Code **33576**

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME NEWLON, TIMOTHY
STREET ADDRESS P.O. BOX 907
CITY-ST-ZIP SAN ANTONIO, TX 33576 ☐ Delete

TITLE MGRM
NAME NEWLON, JOSEPH
STREET ADDRESS P.O. BOX 907
CITY-ST-ZIP SAN ANTONIO, TX 33576 ☐ Delete

TITLE MGRM
NAME NEWLON, JONATHAN
STREET ADDRESS P.O. BOX 907
CITY-ST-ZIP SAN ANTONIO, FL 33576 ☐ 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 ☐ Change ☐ Addition

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 606, Florida Statutes.

SIGNATURE:

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

1-30-08

Date

352-588-3844

Daytime Phone #

JOSEPH NEWLON