


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000073548 1. Entity Name THRODAHL ENTERPRISES, LLC	
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Principal Place of Business 3254 MASTERS DRIVE CLEARWATER, FL 33761	Mailing Address 3254 MASTERS DRIVE CLEARWATER, FL 33761
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DO NOT WRITE IN THIS SPACE



02122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1235691	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent THRODAHL, PETER J 3254 MASTERS DRIVE CLEARWATER, FL 33761
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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

U000000893881
04/17/08-80021-016 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THRODAHL, PETER J 3254 MASTERS DRIVE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THRODAHL, KATHLEEN 3254 MASTERS DR. CLEARWATER, FL 33761
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Peter J. Throdahl **4/2/08** **727-710-3444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #