2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000076064

1. Entity Name
TREASURES TEXACO, LLC

FILED
08 SEP 11 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~4702 HIGHWAY 389~~ ~~LYNN HAVEN, FL 32444~~	~~4702 HIGHWAY 389~~ ~~LYNN HAVEN, FL 32444~~

08282008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3623 W. 23rd ST.	3623 W. 23rd ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32405 Country: USA	Zip: 32405 Country: USA

4. FEI Number: 05-0810303 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LALANI, SOHIL 2401 STANFORD RD 1414 PANAMA CITY, FL 32405	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

X SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PANJWANI, NASEEM 3450 EVANS RD APT 108D ATLANTA, GA 30341	☒ Delete	[redacted] MGRM SOHIL LALANI 2401 STANFORD RD. #1414 Panama City, FL 32405	☒ Change ☐ Addition
		☐ Delete	400135962484 09/16/08--01017--013 **138.75	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ 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.

X **SIGNATURE:** S. S. Lal 404.641.4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #