

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90117 046 ***138.75

DOCUMENT # L05000000359

1. Entity Name
1188 PARTNERS, LLC



Principal Place of Business
2165 ALAQUA DRIVE
LONGWOOD, FL 32779

Mailing Address
2165 ALAQUA DRIVE
LONGWOOD, FL 32779

60002629



2. Principal Place of Business - No P.O. Box #
1855 W. STATE RD 434
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Longwood FL
Zip
32750
Country
USA

City & State
Zip
Country

01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2099579
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORAN, THOMAS P
111 NORTH ORANGE AVENUE, STE. 1200
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, name, and title of registered agent and title if applicable.

JOHN K. RITENOUR

(NOTE: Registered Agent signature required when reinstating)

1-18-08

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
RITENOUR, JOHN K
1855 W. STATE ROAD 434 - 2165 ALAQUA DR
LONGWOOD, FL 32750-32779

10. ADDITIONS/CHANGES

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

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

JOHN K. RITENOUR

1-18-08

407-998-4167

Date

Daytime Phone #