

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000002942

1. Entity Name
8 TH AVENUE, LLC



**FILED
Apr 01, 2008 8:00 am
Secretary of State**

04-01-2008 90064 027 ***138.75

Principal Place of Business
4306 BARRACUDA DRIVE
BRADENTON, FL 34208

Mailing Address

4306 BARRACUDA DRIVE
BRADENTON, FL 34208

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palmetto FL

Zip

Country

Zip
34220

Country
USA

6. Name and Address of Current Registered Agent

BREEDEN, GEORGE R
4306 BARRACUDA DRIVE
BRADENTON, FL 34208

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, 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: MGR
NAME: BREEDEN, GEORGE R.
STREET ADDRESS: 4306 BARRACUDA DRIVE
CITY-ST-ZIP: BRADENTON, FL 34208

Delete

TITLE: MGRM
NAME: SHERMA, ROBYN B
STREET ADDRESS: 646 94TH AVE NORTH
CITY-ST-ZIP: ST PETERSBURG, FL 33702

Delete

TITLE: NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

MGR
Sherma, Robyn P

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

3-27-08

SIGNATURE:

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

Date

Daytime Phone #