

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90042 043 ***138.75

DOCUMENT # L05000012676

1. Entity Name
COLWILL FAMILY DON PEDRO, LLC



Principal Place of Business
4605 CLARKSDALE LANE
BRANDON, FL 33511 US

Mailing Address
4605 CLARKSDALE LANE
BRANDON, FL 33511 US

00000



01062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2348676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN H. RAINS III, P.A.
501 EAST KENNEDY BOULEVARD
SUITE 750
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLWILL, CHARLES C
4605 CLARKSDALE LANE
BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLWILL, DEBRA A
4605 CLARKSDALE LANE
BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COLWILL, CHRISTOPHER R
4605 CLARKSDALE LANE
BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1/06/2008 813-241-2525
Date Daytime Phone #