2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 25, 2008 8:00 am
Secretary of State
01-25-2008 90085 014 ***138.75

DOCUMENT # L05000014962

1. Entity Name
TBO, LLC

Principal Place of Business	Mailing Address
2383 GREGORY STREET TALLAHASSEE FL 32303	2383 GREGORY STREET TALLAHASSEE FL 32303

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
801 Middlebrooks Circle	801 Middlebrooks Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tallahassee, Florida	Tallahassee, Florida
City & State	City & State
Zip 32312 / Country Leon	Zip 32312 / Country Leon

4. FEI Number 20-2231040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OVERSTREET, JEFFREY S
2383 GREGORY STREET
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name: Overstreet, Jeffrey S.
Street Address (P.O. Box Number is Not Acceptable): 801 Middlebrooks Circle
Tallahassee
City: FL Zip Code: 32312

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			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OVERSTREET, JEFFREY S 2383 GREGORY STREET TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	801 Middlebrooks Circle Tallahassee, Florida 32312	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey S. Overstreet 1-22-08 850-386-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #