## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L05000024342**

1. Entity Name

DEVOS BROTHERS INVESTMENTS, LLC



FILED Apr 16, 2008 08:00 Al Secretary of State

Principal Place of Business

Maiting Address

1666 VILLAGE GREEN DRIVE

203 OLIVE AVE

PORT ST. LUCIE, FL 34952

PORT ST. LUCIE, FL 34952



### DO NOT WRITE IN THIS SPACE

04112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3071998

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVOS, KARL J 1666 VILLAGE GREEN DRIVE UNIT 1 PORT ST. LUCIE, FL 34952

# 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 reinstating)

DATE

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

U00000900786 04/29/08-80043-003 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVOS, KEVIN J 203 OLIVE AVE PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVOS, KARL J 203 OLIVE AVE PORT ST. LUCIE, FL 34952
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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

4/11/08

777-337-0037

Daytime Phone #