2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000035565

1. Entity Name
MIDNIGHT CUSTOMZ L.L.C.

Principal Place of Business	Mailing Address
2633 PEMBERTON DR. #101 APOPKA, FL 32703	1768 CROWN POINT WOODS CIR OCOEE, FL 34761

DO NOT WRITE IN THIS SPACE

02292008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
86-1137223		Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLSON, KAREN
1768 CROWN POINT WOODS CIR.
OCOEE, FL 34761

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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

U00000936894
05/27/08-80028-007 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	NICHOLSON, KAREN
STREET ADDRESS	1768 CROWN POINT WOODS CIRCLE
CITY-ST-ZIP	OCOEE, FL 34761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Karen R Nicholson_   4/29/08 (407) 877-1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #