## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Apr 15, 2008 8:00 am Secretary of State 04-15-2008 90104 015 \*\*\*138.75 DOCUMENT # L05000037168 1. Entity Name COIN FREE, LLC Principal Place of Business Mailing Address 50003062 7044 STAPOINT COURT 7044 STAPOINT COURT WINTER PARK, FL 32792 WINTER PARK, FL 32792 04102008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3748825 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAMPE, MARK H DO NOT WRITE 7044 STAPOINT COURT WINTER PARK, FL 32792 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 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM RAMPE, MARK H NAME STREET ADDRESS 7044 STAPOINT COURT WINTER PARK, FL 32792 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED N

ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-10-08

**FILED**