

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90361 030 ****50.00

DOCUMENT # L05000048670

1. Entity Name
2 COLUMBUS, LLC



Principal Place of Business

C/O STEVEN A. RAYMUND
5350 TECH DATA DRIVE
CLEARWATER, FL 33760

Mailing Address

C/O STEVEN A. RAYMUND
5350 TECH DATA DRIVE
CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE



04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J
601 BAYSHORE BOULEVARD, SUITE 700
TAMPA, FL 33606

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | RAYMOND, STEVEN A |
| STREET ADDRESS | 2020 BRIGHTWATERS BLVD. NE |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33704 |

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| STREET ADDRESS | |
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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 606, Florida Statutes.

SIGNATURE: _____

Steven A. Raymund 4-11-07 727-599-2670
date Phone #