

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

FILED
Jun 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000053399

1. Entity Name

CARTRIDGES OF PALM COAST LLC



Principal Place of Business

1278 PALM COAST PKWY SW
PALM COAST FL 32137

Mailing Address

P.O. BOX 353487
PALM COAST FL 32135
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

86-1140555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOBECK, JOCHEN H SR
7 BURNET PLACE
PALM COAST, FL FL 32137

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date for purpose of)

(NOTE: Registered agent must be a resident of the State of Florida)

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

TITLE	MGR	☐ Delete
NAME	TOBECK, JOCHEN H SR	
STREET ADDRESS	7 BURNET PLACE	
CITY-STATE-ZIP	PALM COAST FL 32137	
TITLE	MGRM	☐ Delete
NAME	TOBECK, TRAUDEL M MRS	
STREET ADDRESS	7 BURNET PLACE	
CITY-STATE-ZIP	PALM COAST FL 32137	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME	U00000952862	
STREET ADDRESS	06/06/08-80001-011 138.75	
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

John H. Toback

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

05-01-08 386-437-5611

Date

Entity PWS #