

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90031 025 \*\*\*\*50.00

**DOCUMENT # L05000054793**

1. Entity Name  
CUSTOM APPROACH, LLC



Principal Place of Business  
1284 GEORGIA AVENUE  
DUNEDIN, FL 34698

Mailing Address  
1284 GEORGIA AVENUE  
DUNEDIN, FL 34698

00004000



**DO NOT WRITE IN THIS SPACE**

05022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2934268

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOBECK, MATTHEW A  
1284 GEORGIA AVENUE  
DUNEDIN, FL 34698

**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

Matthew A. Lobeck Managing Member

7-30-07

DATE

**Filing Fee is \$50.00**  
**Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LOBECK, MATTHEW A  
1284 GEORGIA AVENUE  
DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MILLISOR, DAVID N  
1284 GEORGIA AVENUE  
DUNEDIN, FL 34698

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

Matthew A. Lobeck

7-30-07

727-224-7475

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

Date

Daytime Phone #