

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000059106

1. Entity Name

VOONSQUAW, LLC



Principal Place of Business

P.O. BOX 861

ST. PETERSBURG, FL 33731

Mailing Address

P.O. BOX 861

ST. PETERSBURG, FL 33731



03062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

68-0608840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

REILLY, STEVEN E
3145 2ND STREET WEST
ST. PETERSBURG, FL FLA

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000885436
04/18/08 00013 023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REILLY, STEVEN E
STREET ADDRESS	P.O. BOX 861
CITY-ST-ZIP	ST. PETERSBURG, FL 33731
TITLE	MGRM
NAME	MITCHELL, MICHEAL O
STREET ADDRESS	960 BAYVIEW PLACE N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
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: _____

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

4-1-08

Date

727-455-4089

Daytime Phone #