2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED * Apr 24, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Apr 24, 2008 08:00	
DOCUMENT # L05000060251				Secretary of Sta	
1. Entity Nan	ne ER E. CLOSSHEY, L.L.C.				v
JEMMI L	:			,	
) 	the state of the state of	A District	-	A special states and special states	
	ce of Business LFVIEW DRIVE CONTROL OF THE STATE OF THE S	Mailing Address 2111 N. GOLFVIEW DRIVE PLANT CITY, FL 33566			
	44 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Falls Comments of the Comments	de seuding	* 1100 00 00 00 00 00 00 00 00 00 00 00 0	IN IN ANTONIO DE LA CONTRACTOR DE LA CON
	O NOT WRITE	и тисери	AEAA	03202008No Chg-LLC	CR2E083 (12/07)
L			75. F	4. FEI Number 83-0433859	Applied For Not Applicable
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			5. Certificate of Status Desired	\$5.00 Additional
					Fee Required
	6. Name and Address of Current Re	Bistalad Wäsur	CARAGE		
CLOSSHEY, JENNIFER E 2111 N GOLFIVEW DR PLANT CITY, FL 33566				DO NOT W	RITE
				INTHISSE	能能, 能 能能够,因此可能检验。这些 就
					AVE
	e named entity submits this statement for th tions of registered agent.	· · ·	ed office of registers		
Old IV. I Oli E	Signature, typed or printed name of registered agent and	·······	Deriuper erutangia InegA b	when reinstating)	DATE .
FILE After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	ALL STORYSHIPS		t	
9.	MANAGING MEMBERS	/MANAGERS		建一个大型工作。	CHEST TARREST
TITLE NAME	MGRM CLOSSHEY, JENNIFER E				
STREET ADDRESS	2111 NORTH GOLFVIEW DRIVE		10000000000000000000000000000000000000		
CITY-ST-ZIP	PLANT CITY, FL 33566			U0000	918282
TITLE NAME					80075-021 138.75
STREET ADDRESS					
CITY-ST-ZIP					
TITLE NAME			11.00		
STREET ADDRESS				DO NOT W	/PITE
CITY-ST-ZIP					
TITLE NAME				IN THIS S	PACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS					
CITY+S1-ZIP					
TITLE	I				的 2.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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 accurage and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver de trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Jennifer E Closshey

(813)754-5350

Daytime Phone #

OR PRIMED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE