

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000060383

1. Entity Name
CHARLOTTE LAND B AND P HOLDING L.L.C.



Principal Place of Business
**15325 SW 99 AVENUE
MIAMI, FL 33157**

Mailing Address
**15325 SW 99 AVENUE
MIAMI, FL 33157**



02012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**POLLARD, HERMINE
15325 SW 99 AVENUE
MIAMI, FL 33157**

**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

Paid

000000990349
04/15/08-80058-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POLLARD, HERMINE
STREET ADDRESS	15325 SW 99 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	MGRM
NAME	BAILEY, ROBERT
STREET ADDRESS	15325 SW 99 AVENUE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	MGRM
NAME	BAILEY, RICHARD
STREET ADDRESS	2154 LARIT DR.
CITY-ST-ZIP	BULL HEAD CITY, AZ 86442

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #