

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000066466**

1. Entity Name

3'S COMPANY INVESTMENTS, L.L.C.



Principal Place of Business

4006 BAINWOOD COURT  
TAMPA, FL 33614

Mailing Address

4006 BAINWOOD COURT  
TAMPA, FL 33614

**DO NOT WRITE IN THIS SPACE**



02262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

57-1225107

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDDY, ROBERT K  
C/O EDDY & ROTHBURD, P.A.  
808 W. DELEON STREET  
TAMPA, FL 33606

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME EAVES, CAROL L  
STREET ADDRESS 4006 BAINWOOD COURT  
CITY-ST-ZIP TAMPA, FL 33614

TITLE MGRM  
NAME ATWOOD, MARGARET L  
STREET ADDRESS 9674 SHADOWSTONE WAY  
CITY-ST-ZIP RENO, NV 89511

TITLE MGRM  
NAME ATWOOD, DONALD L  
STREET ADDRESS 9674 SHADOWSTONE WAY  
CITY-ST-ZIP RENO, NV 89511

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000849442  
03/21/08-80020-022 138.75

**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

Date

Daytime Phone #

3-2-08 (75) 843-2866