

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 SEP 18 AM 11:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000072507

1. Entity Name
363 DEGREES LLC



Principal Place of Business
1325 DEL PRADO BLVD
SUITE C
CAPE CORAL, FL 33990 US

Mailing Address
1325 DEL PRADO BLVD
SUITE C
CAPE CORAL, FL 33990 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09142007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-3236246

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARY, DAVID W MGR
1325 C DEL PRADO BLVD SOUTH
CAPE CORAL, FL 33990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DAVID W. CARY & COMPANY, INC. ☒ Delete
STREET ADDRESS 1417-3 DEL PRADO BLVD SOUTH SUITE 449
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME DAVID W. CARY ACCOUNTNG CONSULTANTS, INC
STREET ADDRESS 1325 C DEL PRADO BLVD SOUTH
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME CARY, DAVID W
STREET ADDRESS 1325 C DEL PRADO BLVD SOUTH
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Change ☒ Addition
NAME MGRM
STREET ADDRESS 1325 C DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/14/07