

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90064 023 \*\*\*138.75

DOCUMENT # L05000080718

1. Entity Name

CLEARWATER OFFICE, L.L.C.



Principal Place of Business

1502 2ND STREET NORTH  
ST PETERSBURG FL 33704

Mailing Address

1502 2ND STREET NORTH  
ST PETERSBURG FL 33704

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

14202 62ND ST N.

Suite, Apt. #, etc.

3. Mailing Address

14202 62ND ST N.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

CLEARWATER FLORIDA

Zip

33760

Country

FLORIDA

City & State

CLEARWATER FLORIDA

Zip

33760

Country

FLORIDA

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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 of person or persons authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

2/6/08

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR.  
BRIAN, BUNBURY R  
1502 2ND STREET NORTH  
ST. PETERSBURG FL 33704 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR.  
BRIAN R BUNBURY  
14202 62ND ST N.  
CLEARWATER, FLORIDA 33760 ☒ Change ☐ Addition

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/6/08

Date

Daytime Phone #