## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000085796**

CARDINAL PROPERTY SERVICES, LLC



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4206 HAMMERSMITH DRIVE CLERMONT, FL 34711-6996 PO BOX 642 MINNEOLA, FL 34755



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3397080

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PURVIS, JAMES T 4206 HAMMERSMITH DRIVE CLERMONT, FL 34711-6996

## 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 site if applicable, | (NOTE: Registered Agent signature required when renetating)  DATE |        |
| FILE NOW!!! FEE IS \$138.75                                                                                                                                                                                                   |                                                                              |                                                                   |        |
| After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                        |                                                                              |                                                                   |        |
| 9.                                                                                                                                                                                                                            | MANAGING MEMBERS/MANAGERS                                                    |                                                                   |        |
| TITLE .                                                                                                                                                                                                                       | MGRM                                                                         | U5/21/U8-8UU72-012                                                | 138.75 |
| NAME                                                                                                                                                                                                                          | PURVIS, JAMES T                                                              |                                                                   | ĺ      |
| Street adoress                                                                                                                                                                                                                | 4206 HAMMERSMITH DRIVE                                                       |                                                                   |        |
| CITY-ST-ZIP                                                                                                                                                                                                                   | CLERMONT, FL 347116996                                                       |                                                                   |        |
| TITLE                                                                                                                                                                                                                         | MGRM                                                                         |                                                                   | !      |
| NAME                                                                                                                                                                                                                          | STITES, DONALD JR                                                            | ł                                                                 | ı      |
| STREET ADDRESS                                                                                                                                                                                                                | 122 VERONICA LANE                                                            |                                                                   |        |
| CITY-ST-ZIP                                                                                                                                                                                                                   | LANSDALE, PA 19446                                                           |                                                                   |        |
| TITLE                                                                                                                                                                                                                         |                                                                              |                                                                   |        |
| NAME                                                                                                                                                                                                                          |                                                                              | ł                                                                 |        |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                              | DO NOT WRITE                                                      |        |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                              | DO NOT WRITE                                                      |        |
| TITLE                                                                                                                                                                                                                         |                                                                              | IN THIS SPACE                                                     |        |
| NAME                                                                                                                                                                                                                          |                                                                              | IN THIS SPACE                                                     |        |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                              |                                                                   | ľ      |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                              |                                                                   |        |
| TITLE                                                                                                                                                                                                                         |                                                                              |                                                                   |        |
| NAME                                                                                                                                                                                                                          |                                                                              |                                                                   |        |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                              |                                                                   | j      |
| CITY-ST-ZIP                                                                                                                                                                                                                   | <u> </u>                                                                     |                                                                   |        |
| TITLE                                                                                                                                                                                                                         |                                                                              |                                                                   |        |
| NAME                                                                                                                                                                                                                          |                                                                              |                                                                   |        |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                              | i i                                                               |        |

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NO MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 407-811-5188