

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000086201

1. Entity Name
THREE CUB BEAR, L.L.C.



Principal Place of Business
**24470 NE 133 PLACE ROAD
SALT SPRINGS, FL 32134**

Mailing Address
**P.O. BOX 5221
SALT SPRINGS, FL 32134**



01252007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3489925

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNEIDER, JOAN A
24470 NE 133 PLACE ROAD
SALT SPRINGS, FL 32134**

**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

JOAN A. SCHNEIDER
Signature, typed or printed name of registered agent and title if applicable.

Joan A. Schneider
(NOTE: Registered Agent signature required when reinstating)

3/19/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHNEIDER, JOAN A
24470 NE 133 PLACE ROAD
SALT SPRINGS, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GIFFIN, MICHAEL J
14531 NE 190TH LANE
SALT SPRINGS, FL 32134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000674490
03/29/07-80071-016 50.00

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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:

Joan A. Schneider *JOAN A. SCHNEIDER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

WK