

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097227

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: SFB, LLC

## Current Principal Place of Business:

8209 WATER TOWER DRIVE  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

8209 WATER TOWER DRIVE  
TAMPA, FL 33619

## New Mailing Address:

FEI Number: 20-3634850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOEL, KELLY  
8209 WATER TOWER DRIVE  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: NOEL, KELLY  
Address: 8209 WATER TOWER DRIVE  
City-St-Zip: TAMPA, FL 33619

Title: MGRM ( ) Delete  
Name: BECKER, MICHAEL  
Address: 8209 WATER TOWER DRIVE  
City-St-Zip: TAMPA, FL 33619

Title: MGRM (X) Delete  
Name: FOUSE, JOHN  
Address: 10110 117TH PLACE N  
City-St-Zip: LARGO, FL 33773

Title: MGRM (X) Delete  
Name: FOUSE, LEAH  
Address: 10110 117TH PLACE N  
City-St-Zip: LARGO, FL 33773

Title: MGRM (X) Delete  
Name: SHAFFER, ZACH  
Address: 8723 EXPOSITION DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) Delete  
Name: SHAFFER, ANGEL  
Address: 8723 EXPOSITION DRIVE  
City-St-Zip: TAMPA, FL 33626

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL BECKER

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date