


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 14, 2007 8:00 am**  
**Secretary of State**

09-14-2007 90028 040 \*\*\*\*50.00

DOCUMENT # L05000098187	
1. Entity Name CABOODLE CARTRIDGE OF FLORIDA LLC	

Principal Place of Business 868 BLANDING BLVD STE 124 ORANGE PARK, FL 32065	Mailing Address 868 BLANDING BLVD STE 124 ORANGE PARK, FL 32065
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07052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 83-0438287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUTCHFIELD, EDDIE L SR. 513 TIMBERCREST LANE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUTCHFIELD, MARTHA 513 TIMBERCREST LANE ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>CRUTCHFIELD, EDDIE L SR.</del> Delete <del>1656 LAKEBEND PLACE</del> <del>ORANGE PARK, FL 32003</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>CRUTCHFIELD, STEVE</del> Delete <del>513 TIMBERCREST LANE</del> <del>ORANGE PARK, FL 32003</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: E. Crutchfield Sr. E. Crutchfield Sr. 9/17/07 904-243-9366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #