

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90025 019 ***138.75

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

50009510



2. Principal Place of Business - No P.O. Box #
513 Timbercrest
Suite, Apt. #, etc. LANE

3. Mailing Address
P.O. Box 9797
Suite, Apt. #, etc.

City & State
Orange Park, FL
Zip 32003 Country CLAY

City & State
Fleming Island, FL
Zip 32006 Country CLAY

08032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 83-0438287 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 33411-0000

7. Name and Address of New Registered Agent

Name Eddie L. Crutchfield Sr.
Street Address (P.O. Box Number is Not Acceptable)
513 Timbercrest Lane
City Orange Park FL Zip Code 32003

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 Eddie L. Crutchfield Sr. 8/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CRUTCHFIELD, EDDIE L SR.
STREET ADDRESS 513 TIMBERCREST LANE
CITY-ST-ZIP ORANGE PARK, FL 32003 ☐ Delete

TITLE MGRM
NAME CRUTCHFIELD, MARTHA
STREET ADDRESS 513 TIMBERCREST LANE
CITY-ST-ZIP ORANGE PARK, FL 32003 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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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 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: Eddie L. Crutchfield Sr. 8/11/08 904-213-9366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #