

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000102265	
INTREPID FLORIDA STYLE INVESTMENTS, LLC	

Principal Place of Business 520 OLD MIMS ROAD GENEVA, FL 32732 US	Mailing Address PO BOX 621171 OVIEDO, FL 32762-1171 US
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DO NOT WRITE IN THIS SPACE



05052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 05-0628125	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ASENDORF, JOHN J 520 OLD MIMS RD. GENEVA, FL 32732
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**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.

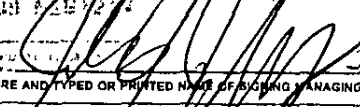
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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.	U00000946907 05/30/08-80069-001 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM ASENDORF, JOHN J MM 520 OLD MIMS ROAD GENEVA, FL 32732
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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  JOHN J. ASENDORF 5-5-08	467 349 0078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone #