

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

03-13-2008 90271 032 ****70.00

04-25-2008 90015 027 ***143.75

DOCUMENT # L05000107175

1. Entity Name
TOY BOX STORAGE, LLC



Principal Place of Business
**9020 58TH DRIVE EAST
SUITE 101
BRADENTON, FL 34202 US**

Mailing Address
**9020 58TH DRIVE EAST
SUITE 101
BRADENTON, FL 34202 US**

2. Principal Place of Business - No P.O. Box #
9030 58th Drive East

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 103

City & State
BRADENTON, FL

City & State

Zip
34202

Country
US

Zip

Country

04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3728680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMASON, ELIZABETH
9020 58TH ST DR E
SUITE 101
BRADENTON, FL 34202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **CALHOON PROPERTIES, INC.**
CITY-ST-ZIP **9020 58TH DRIVE EAST, SUITE 101
BRADENTON, FL 34202**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **THOMASON & THOMASON**
CITY-ST-ZIP **9020 58TH DRIVE EAST, SUITE 101
BRADENTON, FL 34202**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MGI PROFESSIONAL, LLC**
CITY-ST-ZIP **9020 58TH DRIVE EAST, SUITE 101
BRADENTON, FL 34202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/4/08

941-752-3322