

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90270 038 ***138.75

DOCUMENT # L05000108599

1. Entity Name
ALEXANDRIA'S ARTIST CO-OP LLC



Principal Place of Business
**2149 COLLIER PARKWAY
LAND O LAKES, FL 34639**

Mailing Address
**2149 COLLIER PARKWAY
LAND O LAKES, FL 34639**

00014513



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-3759742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, DAVID
7544 BERNA LANE
LAND O LAKES, FL 34637**

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

2/12/08

**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

10. ADDITIONS/CHANGES

TITLE **P** ☒ Delete
NAME **HAHN, JASON**
STREET ADDRESS **3750 LOCKRIDGE DR**
CITY-ST-ZIP **LAND O LAKES, FL 34638**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **THOMPSON, DAVE**
STREET ADDRESS **754 BERNA LANE**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **President** ☒ Change ☐ Addition
NAME **Thompson, Dave**
STREET ADDRESS **754 Berna Lane**
CITY-ST-ZIP **Land O Lakes, FL 34639**

TITLE **S** ☐ Delete
NAME **DURHAM, KATHLEEN**
STREET ADDRESS **6440 WISTERIA LOOP**
CITY-ST-ZIP **LAND O LAKES, FL 34639**

TITLE **Member** ☐ Change ☒ Addition
NAME **William Burnett**
STREET ADDRESS **1123 Big Creek Dr.**
CITY-ST-ZIP **Wesley Chapel, FL 33543**

TITLE **VP** ☐ Delete
NAME **BINLASZ, JUDY**
STREET ADDRESS **7550 BERNA LN**
CITY-ST-ZIP **LAND O LAKES, FL 34637**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KNIGHT, TINNA**
STREET ADDRESS **13052 TRADITION DR**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Gordon Engebretson**
STREET ADDRESS **22844 Bay Cedar Dr**
CITY-ST-ZIP **Land O Lakes FL 34639**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

2/12/08 (813) 996-4472