

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000109814

1. Entity Name
EBML ENTERPRISES, LLC



Principal Place of Business
**11235 MANSKER ROAD
DADE CITY, FL 33525**

Mailing Address
**11235 MANSKER ROAD
DADE CITY, FL 33525**



04102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8784124

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOGGS, E. JACKSON
501 EAST KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602**

**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 _____

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**

U00000903725

04/30/08-80057-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	SARGENT, EDWIN B
STREET ADDRESS	11235 MANSKER ROAD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	MGRM
NAME	EBML ENTERPRISES, LTD
STREET ADDRESS	11235 MANSKER ROAD
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 *Edwin B. Sargent*

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

Edwin B. Sargent

4/15/08

352-424-1875

Date

Daytime Phone #