

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90042 008 \*\*\*138.75

DOCUMENT # L05000114727

1. Entity Name  
ELIZABETH BIRD, LLC



Principal Place of Business  
6903 N LAGOON DR #14  
PC BEACH, FL 32408 US

Mailing Address  
6903 N LAGOON DR #14  
PC BEACH, FL 32408 US

60010064



**DO NOT WRITE IN THIS SPACE**

02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
20-3878127

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIRD, ELIZABETH A  
6903 N LAGOON DR #14  
PC BEACH, FL 32408 US

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BIRD, ELIZABETH A
STREET ADDRESS	6903 N LAGOON DR #14
CITY-ST-ZIP	PC BEACH, FL 32408 US
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Elizabeth Bird, LLC*

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

2-12-08

Date

Daytime Phone #