

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000120829		
1. Entity Name SNYDER INVESTMENT I, LLC		
Principal Place of Business 1703-B THONOTOSASSA ROAD PLANT CITY, FL 33563	Mailing Address 1703-B THONOTOSASSA ROAD PLANT CITY, FL 33563	



01032008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3965272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

LASMAN, JEFFREY M ESQ.
 C/O LASMAN LAW FIRM, P.A.
 6152 DELANCEY STATION STREET, SUITE 205
 RIVERVIEW, FL 33569

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000819605
 02/15/08-80088-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNYDER, G. DEAN 1703-B THONOTOSASSA ROAD PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNYDER, CERESA M 1703-B THONOTOSASSA ROAD PLANT CITY, FL 33563
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: G. Dean Snyder Date: 2-1-08 Daytime Phone #: 813-752-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE