

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90023 024 ***138.75

DOCUMENT # L05000120872

1. Entity Name
THETA DEVELOPMENT, L.L.C.



Principal Place of Business
780 94TH AVE., NORTH, STE. 102
ST PETERSBURG, FL 33702

Mailing Address
780 94TH AVE., NORTH, STE. 102
ST PETERSBURG, FL 33702

50005277



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

2002 E 5TH AVE #106

3. Mailing Address

2002 E 5TH AVE

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

#106

04292008 Chg-LLC CR2E083 (12/06)

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

20-3889478

Applied For

Not Applicable

Zip

33605

Country

USA

Zip

33605

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVASOS, KEVIN
780 94TH AVE., NORTH, STE. 102
ST PETERSBURG, FL 33702

7. Name and Address of New Registered Agent

Name **WOOD, Andrew P**

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

5625 CENTRAL AVE

City

ST PETERSBURG

FL

Zip Code

33710

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

WOOD, Andrew P. MANAGER

4/29/08

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 MGRM ☐ Delete
NAME WOOD, ANDREW P
STREET ADDRESS 780 94TH AVE., NORTH, STE. 102
CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE MGRM ☐ Delete
NAME GRABOWSKI, DANIEL
STREET ADDRESS 780 94TH AVE., NORTH, STE. 102
CITY-ST-ZIP ST PETERSBURG, FL 33702

TITLE MGRM ☒ Delete
NAME CAVASOS, KEVIN
STREET ADDRESS 780 94TH AVE., NORTH, STE. 102
CITY-ST-ZIP ST PETERSBURG, FL 33702

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4/29/08 813-241-0222

Date

Daytime Phone #