

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90025 024 \*\*\*138.75

<b>DOCUMENT # L06000000509</b>					
<b>1. Entity Name</b> CANTERBURY LLC					
<b>Principal Place of Business</b> 1135 PASADENA AVENUE SOUTH #208 SOUTH PASADENA, FL 33707 US			<b>Mailing Address</b> 1135 PASADENA AVENUE SOUTH #208 SOUTH PASADENA, FL 33707 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 5304 1ST AVE N Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5304 1ST AVE N Suite, Apt. #, etc.			
<b>City &amp; State</b> ST PETERSBURG, FL Zip: 33710 Country: USA		<b>City &amp; State</b> ST PETERSBURG Zip: 33710 Country: USA		<b>4. FEI Number</b> 16-1747937	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BREADING, KEITH 1135 PASADENA AVENUE SOUTH #208 SOUTH PASADENA, FL 33707			<b>7. Name and Address of New Registered Agent</b> Name: SAME Street Address (P.O. Box Number is Not Acceptable): 5304 1ST AVE N City: ST PETERSBURG, FL Zip Code: 33710		
<b>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.</b> SIGNATURE: <u>Bready</u> DATE: <u>04 11 08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGRM NAME: W L L BREADING & SON FL., INC. STREET ADDRESS: 1135 PASADENA AVE SOUTH SUITE 208 CITY-ST-ZIP: PASADENA, FL 33707	<input type="checkbox"/> Delete		TITLE: SAME W. H. BREADING & SON NAME: FL INC STREET ADDRESS: 5304 1ST AVE N CITY-ST-ZIP: ST PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b> SIGNATURE: <u>Bready</u> DATE: <u>04 11 08</u> 7273216007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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