

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # L06000010015

1. Entity Name
BUCHMAN & FERNANDEZ, LLC



Principal Place of Business
109 SOUTH MOODY AVENUE
TAMPA, FL 33609 US

Mailing Address
109 SOUTH MOODY AVENUE
TAMPA, FL 33609 US

DO NOT WRITE IN THIS SPACE



02262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-8685341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, RALPH E
109 SOUTH MOODY AVENUE
TAMPA, FL 33609

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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 resigning)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FERNANDEZ, RALPH E
109 SOUTH MOODY AVENUE
TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BUCHMAN, JACOB
3107 WEST DUNWOODIE STREET
TAMPA, FL 33629

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

U00000857253
03/31/08-80006-025 138.75

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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: _____

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

3/7/08

Date

813-251-5991

Daytime Phone #