

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000020200

1. Entity Name  
CAEFBB, LLC



**FILED**  
**Aug 13, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
109 STEVENS STREET  
JACKSONVILLE, FL 32236

Mailing Address  
109 STEVENS STREET  
JACKSONVILLE, FL 32236



08072008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4381822

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301

**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 \$538.75**  
**Due by September 12, 2008**

000000957633  
08/13/08-80003-002 538.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HOULE, MICHAEL C  
109 STEVENS STREET  
JACKSONVILLE, FL 32236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Michael C Houle*

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

8/11/08

Date

Daytime Phone #