## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000040001

1. Entity Name LI'S ENTERPRISE LLC



Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

6205 MAYBELLE DRIVE PENSACOLA, FL 32504 6205 MAYBELLE DRIVE PENSACOLA, FL 32504

## FILED Apr 16, 2008 08:00 All Secretary of State



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-8763684	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

LI ESPINO, EDGARDO E 6205 MAYBELLE DRIVE PENSACOLA, FL 32504

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both. In the State of Piolida. Fair familiar with, and accept the obligations of registered agent.</li> </ol>			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)  DATE	
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LI ESPINO, EDGARDO 6205 MAYBELLE DRIVE PENSACOLA, FL 32504		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	MGRM VERGARAY PALO, ZOILA 6205 MAYBELLE DRIVE PENSACOLA, FL 32504		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP+			
NAME *. ** STREET ADDRESS CITY-ST-ZIP			
indicated	on this report is true and accurate and that my signature st	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.	