


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90061 020 ***138.75

DOCUMENT # L06000043027	
1. Entity Name C & J REID HOLDINGS, LLC	

Principal Place of Business 3659 BAHIA VISTA ST SARASOTA, FL 34232	Mailing Address 3659 BAHIA VISTA ST SARASOTA, FL 34232
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60040431



2. Principal Place of Business - No P.O. Box # 23990 Jennings Rd	3. Mailing Address Same 23990 Jennings Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Myakka City FL	City & State Same Myakka City FL
Zip 34251	Zip 34251
Country USA	Country USA

05062008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GIBSON, J AMES D 400 BURNS COU RT SARASOTA, FL 3423 6

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

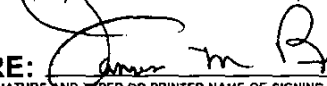
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2) (b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REID, JAMES M 3659 B AHIA VISTA ST SARASOT A, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Reid, James m 23990 Jennings Rd myakka City FL 34251 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REID, CAROL 3659 B AHIA VISTA ST SARASOT A, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	23990 Jennings Rd myakka City FL 34251 <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
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
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
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

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: 	5/6/08	941-650-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

I HAVE A QUESTION. ATTACHMENT 60040431
#C06000043027

DO WE REALLY NEED THIS LIMITED LIABILITY?

WE DO AN EBAY BUSINESS FROM OUR HOME. (WE DID HAVE A STORE IN SARASOTA AT ONE TIME.) WE HAVE NO CUSTOMER, WE SELL FOR OURSELVES.

WE WERE SET UP IN THIS BUSINESS AND WE ARE NOT SURE WHAT IS REQUIRE.

THANKS FOR ANY HELP

Carol Reel