

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90019 030 ***138.75

DOCUMENT # L06000051950

1. Entity Name
REEF GAS, LLC



Principal Place of Business
11617 INNFIELDS DRIVE
ODESSA, FL 33556

Mailing Address
11617 INNFIELDS DRIVE
ODESSA, FL 33556

50005071



2. Principal Place of Business - No P.O. Box #

8108 Hixon Rd

3. Mailing Address

8108 Old Hixon Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008

Chg-LLC

CR2E083 (12/06)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

20-4877079

Applied For

Not Applicable

Zip

33626

Country

USA

Zip

33626

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLANTON, MARK
44617 INNFIELDS DRIVE
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8108 Old Hixon Road

City Tampa

FL

Zip Code 33626

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

Mark Blanton

Mark Blanton

4.3.08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME HOBBS EAGLE CORP.
STREET ADDRESS 11617 INNFIELDS DRIVE
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Hobbs Eagle Corp
STREET ADDRESS 8108 Old Hixon Road
CITY-ST-ZIP TAMPA, FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark Blanton

Mark Blanton

4.3.08

813.920.1031

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

Date

Daytime Phone #