

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055757

Entity Name: ULTIMATE CUSTOMS LLC

FILED  
May 05, 2008  
Secretary of State

**Current Principal Place of Business:**

7107 UDINE AVE.  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7107 UDINE AVE.  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-8913993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PRESTON, CASEY  
7107 UDINE AVE.  
ORLANDO, FL 32819      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PRESTON, CASEY  
Address: 7107 UDINE AVE.  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM      ( ) Delete  
Name: SANTANA, ADEMARIS M  
Address: 6319 RAVINNIA DR  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      (X) Change ( ) Addition  
Name: SANTANA, ODEMARIS M  
Address: 6319 RAVINNIA DR  
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CASEY PRESTON

MGRM

05/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date