

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000056813

1. Entity Name
MONEYWELL FINANCIAL PROPERTIES, LLC



Principal Place of Business
4509 N. NEBRASKA AVENUE
TAMPA, FL 33603 US

Mailing Address
4509 N. NEBRASKA AVENUE
TAMPA, FL 33603 US

50008161



2. Principal Place of Business - No P.O. Box #
18525 Dorman Rd
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

07082008 Chg-LLC CR2E083 (12/06)

City & State
Lithia FL
Zip
33547
Country
USA

City & State
FL
Zip
Country

4. FEI Number
20-4980654
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BILAR, CHRIS
4509 N. NEBRASKA AVENUE
TAMPA, FL 33603

7. Name and Address of New Registered Agent

Name
CHRIS BILAR
Street Address (P.O. Box Number is Not Acceptable)
18525 Dorman Rd
City
Lithia FL Zip Code
33547

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

7/7/08

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
BILAR, CHRIS
4509 N. NEBRASKA AVENUE
TAMPA, FL 33603 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
MGR
BILAR CHRIS
18525 Dorman Rd
Lithia FL 33547 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ 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:

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

7/7/08

Date

Daytime Phone #