

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000058955

1. Entity Name

SAMPLE AND ASSOCIATES, LLC



Principal Place of Business

2922 SHAMROCK SOUTH
TALLAHASSEE, FL 32309

Mailing Address

2922 SHAMROCK SOUTH
TALLAHASSEE, FL 32309

DO NOT WRITE IN THIS SPACE

FILED
Jul 07, 2008 08:00 AM
Secretary of State



07022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

51-0590111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAMPLE, JOHN
2922 SHAMROCK SOUTH
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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 _____

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.

U000000953586
07/07/08-80004-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAMPLE, JOHN
2922 SHAMROCK SOUTH
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

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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, OR AUTHORIZED REPRESENTATIVE

7/7/2008

Date

Daytime Phone # _____