2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000066426 1. Entity Name LYMPEE, LLC Principal Place of Business 1013 BAY VISTA AVENUE TARPON SPRINGS, FL 34689 US Mailing Address 1013 BAY VISTA AVENUE TARPON SPRINGS, FL 34689 US 0108 4. FE 22 5. Ce

FILED Feb 27, 2008 08:00 AN Secretary of State



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-5229027		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

WOLLINKA, DAVID J 2312 U. S. HIGHWAY 19 HOLIDAY, FL 34691

SIGNATURE:

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.	Signaturs, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatura required when reinstating) DATE							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								
9.	MANAGING MEMBERS/MANAGERS							
TITLE	MGR							
NAME	PAGANO, OLYMPIA				•			
STREET ADDRESS	1013 BAY VISTA AVENUE							
CITY-ST-ZIP	TARPON SPRINGS, FL 34689				•			
TITLE				•				
NAME				U000008413	71			
STREET ADDRESS				03/10/08-8001				
CITY-ST-ZIP				000 100 00 0001	0 011 100.10			
TITLE								
NAME								
STREET ADDRESS		i	D0	NOT WO	TC			
CITY-ST-ZIP			טָט	NOT WRI				
TITLE			· INI •	THIS SPAC	^E			
NAME			117	I DIO OPAI	→			
STREET ADDRESS								
CITY-ST-ZIP								
TITLE					•			
NAME								
STREET ADDRESS								
CITY-ST-ZIP								
TITLE		Ĭ						
NAME	, ·	. •	*	•	<u>.</u> .			
STREET ADDRESS			•		i			
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.								