

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000071723

1. Entity Name
ALMOST IDEAL, LLC



Principal Place of Business
2540 WINDWOOD LANE
ORANGE PARK, FL 32073

Mailing Address
2540 WINDWOOD LANE
ORANGE PARK, FL 32073

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3184404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ATKINS, GARY
2540 WINDWOOD LANE
ORANGE PARK, FL 32073

**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.

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ATKINS, GARY
STREET ADDRESS 2540 WINDWOOD LANE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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09/03/08-80001-018138.75

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IN THIS SPACE**

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

GARY E ATKINS

Date

8-27-08

Daytime Phone #

904 2789424