

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089546

FILED  
Mar 12, 2008  
Secretary of State

Entity Name: THE ANT'S LLC.

**Current Principal Place of Business:**

2471 COACHMAN LAKE DR  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

2471 COACHMAN LAKE DR  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 20-5533329

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBLES, ROGELIO  
2471 COACHMAN LAKE DR  
JACKSONVILLE, FL 32246 US

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

ROBLES, ROGELIO  
2471 COACHMAN LAKE DR  
JACKSONVILLE, FL FL 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: ROGELIO ROBLES

03/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBLES, ROGELIO  
Address: 2471 COACHMAN LAKE DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR ( ) Delete  
Name: VIDAL, TERESITA  
Address: 2471 COACHMAN LAKE DR  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: VIDAL, TERESITA M  
Address: 2471 COACHMAN LAKE DR  
City-St-Zip: JACKSONVILLE, FL 32246

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: ROGELIO ROBLES

MGR

03/12/2008

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