

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
May 20, 2008 8:00 am
Secretary of State

04-22-2008 90098 005 ***150.00

DOCUMENT # L06000103129

1. Entity Name
CENTRAL FLORIDA POWER BOX LINTELS AND SILLS LLC



Principal Place of Business
 931 NW 27TH AVENUE
 OCALA, FL 34471 US

Mailing Address
 931 NW 27TH AVENUE
 OCALA, FL 34471 US

30006769



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 City & State
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
 20-5763375

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

02222008 Chg-LLC CR2E083 (12/06)

5. Name and Address of Current Registered Agent
RAVENSCRAFT JR, JAMES L
5577 NE 61ST AVE ROAD
SILVER SPRINGS, FL 34488

7. Name and Address of New Registered Agent
 Name
RONALD GAYLORD SR
 Street Address (P.O. Box Number is Not Acceptable)
3601 SW Sand TERRACE
 City
OCALA FL Zip Code
34474

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  DATE **4/21/08**

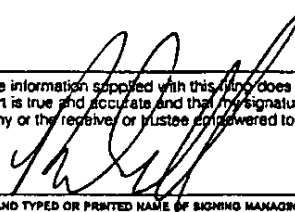
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAVENSCRAFT JR, JAMES L <input checked="" type="checkbox"/> Delete 931 NW 27TH AVENUE OCALA, FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald Gaylord <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Registered Agent 1721 SE 17 Ave Block, Ocala FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RONALD GAYLORD, SR. <input type="checkbox"/> Delete 3601 SW Sand TERRACE OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James RAVENSCRAFT OR 5577 NE 27 Ave Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4/21/08** 352-273-3500

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