

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90073 016 ***138.75

00000111



02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number **APPLIED FOR 33-1203246** Applied For ☒ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

MACKINNON, JAMES G
2911 W. TRILBY AVE.
TAMPA, FL 33611

7. Name and Address of New Registered Agent

Name **MacKinnon James Grady II**
Street Address (P.O. Box Number is Not Acceptable)
4104 W. Inman Ave.

City **Tampa** FL Zip Code **33609**

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.

James Grady MacKinnon, II

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/12/08

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

TITLE **MGR** ☐ Delete
NAME **MACKINNON, JAMES G**
STREET ADDRESS **2911 W. TRILBY AVE.**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **MACKINNON, JAMES G.**
STREET ADDRESS **2911 W. TRILBY AVE.**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **MACKINNON, JAMES GRADY II**
CITY-ST-ZIP **4104 W. INMAN AVE.**
TAMPA, FL 33609

TITLE ☐ Change ☐ Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

James G. MacKinnon

2/12/08 (813) 760-3967

Date

Daytime Phone #