


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90269 015 ***138.75

DOCUMENT # L06000107615 1. Entity Name KOALA OUTDOOR ADVERTISING LLC					
Principal Place of Business 310 EAST MAIN STREET BARTOW, FL 33830 US				Mailing Address P.O. Box 96 BARTOW, FL 33831 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 96			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lakeland, FL		4. FEI Number 20-5852833	
Zip 33802	Country US	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'TOOLE, NEAL L 310 EAST MAIN STREET BARTOW, FL 33830				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 O'TOOLE, NEAL L 310 EAST MAIN STREET BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LILLY, KENT 310 EAST MAIN STREET BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LILLY, KENT 310 EAST MAIN STREET BARTOW, FL 33830	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LILLY, KENT 310 EAST MAIN STREET BARTOW, FL 33830	<input type="checkbox"/> Delete			
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: <i>R. Kent Lilly</i>		<i>Kent Lilly</i>		<i>3/10/08</i>	<i>803-683-1111</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	