

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # L06000108355

1. Entity Name
INVESTINATIONS L.L.C.



Principal Place of Business
**378 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677**

Mailing Address
**378 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677**



03242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0195550

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, KETTELY
378 COUNTRYSIDE KEY BLVD.
OLDSMAR, FL 34677**

**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
After May 1, 2008 Fee will be \$538.75**

U00000872676
04/10/08-80048-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BISHOP, YOLONDA 2444 ENTERPRISE #2304 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, KETTELY 378 COUNTRYSIDE KEY BLVD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, LOVETTA 1201 STONY BROOK LANE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, NIKKIE 1201 STONY BROOK LANE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLS, SHAREESE 5510 KEELER OAK STREET LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Yolonda Bishop

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

Date

Daytime Phone #

3/22/08

727-542-1094