

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000111754</b><br>1. Entity Name<br><b>SANTA'S ORCHIDS, LLC</b> |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>8309 VALLEJO PLACE<br/>TAMPA, FL 33614 US</b> | Mailing Address<br><b>8309 VALLEJO PLACE<br/>TAMPA, FL 33614 US</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**08-1800149**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FLOYD, HUEY P  
8309 VALLEJO PLACE  
TAMPA, FL 33614**

**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 signatures required when renewing)

DATE \_\_\_\_\_

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

**B. MANAGING MEMBERS/MANAGERS**

|                                                |                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>FLOYD, HUEY P<br/>8309 VALLEJO PLACE<br/>TAMPA, FL 33614</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>FLOYD, SANTA L<br/>8309 VALLEJO PLACE<br/>TAMPA, FL 33614</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                          |

000000874014  
04/10/08-80102-012 138.75

**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: Huey P. Floyd

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

3-27-08

Date

Daytime Phone #

727-643-7672  
813-642-7672