

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116605

Entity Name: PHILLIP D. CARDEN, LLC

FILED  
Aug 04, 2008  
Secretary of State

**Current Principal Place of Business:**

505 AVENUE A NW  
SUITE 306  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

505 AVENUE A NW  
SUITE 306  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 14-1983519      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CARDEN, PHILLIP D  
505 AVENUE A NW  
SUITE 306  
WINTER HAVEN, FL 33881 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CARDEN, PHILLIP D  
Address: 505 AVENUE A. NW, SUITE 306  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILLIP CARDEN

MGR

08/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date