

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90162 020 \*\*\*138.75

**DOCUMENT # L06000121031**

1. Entity Name

CLS PROPERTIES, LLC



Principal Place of Business

33 W. SPANISH MAIN STREET  
TAMPA FL 33609  
US

Mailing Address

33 W. SPANISH MAIN STREET  
TAMPA FL 33609  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

29605 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

130

City & State

City & State

CLEARWATER

Zip

Country

Zip

Country

33761

FLORIDA

4. FEI Number

20-8083776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUBLEY & BUBLEY, P.A.  
3820 NORTHDAL BOULEVARD  
SUITE 312  
TAMPA FL 33624

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee 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**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
STRADY, SCOTT L  
33 W. SPANISH MAIN STREET  
TAMPA FL 33609 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #

5-21 STRADY

4-2-08

813-335-0021