## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** May 22, 2008 8:00 am Secretary of State 05-01-2008 90041 010 \*\*\*138.75

1. Entity Nam	MENT # L070000 ATTERS, LLC	U21U <del>4</del>				00 0 <b>1 2</b> 0	08 90041 010	
Principal Plac		Mailing Address	_		1	30007	680	
38308 3RD AVENUE Zephyrhills, FL 33542		P.O. BOX 182 ZEPHYRHILLS, FL 33	P.O. BOX 182 ZEPHYRHILLS, FL 33539					
2 Principal P	fore of Business - No P.O. Boy #	3. Mailing Address						
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.  City & State		   Offices on oth folk form only explosing that form only other first she care first) in item			) States in inte
					03312008	Chg-LLC	hg-LLC CR2E083 (12/06)	
···					4. FEI Numb	861771		Not Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S5.00 / Fee Requ	Additional dred
	6. Name and Address of Curr	rent Registered Agent	Na	attie	7. Name and	Address of New R	legistered Agent	
DELAFIELD, FRANCINE T 38308 3RD AVENUE			Stre	Street Address (P.O. Box Number is Not Acceptable)				
	ILLS, FL 33542				·			
			City	у		<del></del>	FL Zip C	ode
		nt for the purpose of changing it	a rogation ou our	CO CO 10g/410	roa again, or oc	u., ., ., ., ., ., ., ., ., ., ., ., ., .	Side. Torrible W	ni, an arcohi
the obligate	Sonaus, speed or breed name of replaced.  NOWILL FEE 19 \$138.75 y 1, 2008 Fee will be \$538		TE: Regulated Agunt	SCHOOL FARMS	d when remaining!		DATE te check payable t a Department of S	
the obligate	Signatus, spot or direct name of replaced.  NOWILL FEE 19 \$138.75 y 1, 2008 Fee will be \$538		TE: Registered Agent	Legrature require	d when remaining)	Florida	e check payable to Department of S	
SIGNATURE  FILE After May  8.  TITLE NAME STREET ADDRESS	Signatus, ngold or bried name of replaced a NOWILL FEE 13 \$138.75 y 1, 2008 Fee will be \$538 MANAGING ME MGRM DELAFIELD, FRANCINE T 38308 3RD AVENUE	MBERS/MANAGERS	10. Title Name Street adda	RESS	d when remetating)		e check payable to Department of S	tate
SIGNATURE  FILE After May  9.  ITILE NAME STREET ADDRESS CITY-ST-ZP	Signature, right or circular rate of replaced of the State of the Stat	MBERS/MANAGERS Delate	10. TITLE NAME STREET ADDR	RESS	d when remediatry()	Florida	te check payable to Department of S	tate  Addition
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Water of Francine Deblie & 3/31/08 813-788-9865