2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Jul 11, 2008 8:00 am Secretary of State

1 36-400-11A	Secretary of State 07-11-2008 90066 026 ***138.75		
TAMPA, FL 33625 I Principal Place of Business No P.O. Box # 3. Mailing Address Suite, Apt. #, etc.			
2. Principal Place of Business No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 07082008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number 3G- 4GD 2355 Ag No. Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Age No. Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Age Rea Require Brandlifez, FAUSTO 11036 AIRVIEW DR. TAMPA, FL 33625 3. 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 tamiliar with, the obligations of registered agent. Signature, typed or orrest name of registered agent. ORTE Ingeneral Agent signature regard when recounting FILE NOWITI FEE IS \$13.8.75 In accordance with s. 607.193(2)(b), F. S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITIE NOWE SIRET ADDRESS OTH ST. PP Oblete Make Change MARC Delete Make Change Change MARC Change MARC Change MARC Change Change MARC Change			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O7882008 Chg-LLC CR2E083 (12/06)	INI III INN		
City & State Ci			
Signature Speakure Speakure Speakure Status Desired Status Des			
Signature Speakure Speakure Speakure Status Desired Status Des	pplied For		
RAMIREZ, FAUSTO 11036 AIRVIEW DR. TAMPA, FL 33625 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE SIGNATURE Sprakus, broad or pentite frame of registered aport and site if accidable. (NOTE, Registered Aport signature required when remutating) PAIE FILE NOWITH FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F. S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State SIREFI ADDRESS CITY-ST- 2P TITLE MARIA CITY ST- 2P TITLE TITLE TITLE TITLE TITLE TIT	litional		
RAMIREZ, FAUSTO 11036 AIRVIEW LDR. TAMPA, FL 33625 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 tamiliar with, the obligations of registered agent. SIGNATURE FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company did not receive the prior notice. FILE NOWIT! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flagblidy company			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cod S. 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, the obligations of registered agent. Signature Transport Spatial Place by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited flooridate flooridate flooridate flooridate flooridate province flooridate parameter of State of Florida Department of State of Florid			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE FILE NOWILI FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Tourish Registered Agent signature required when reinstating) DATE			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE Registered Apent signature required when reinstating) Part			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) PILE NOWTIT FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited flability company did not receive the prior notice. Make check payable to Florida Department of State	e		
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 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State Size MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	FL		
Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP Change C	₿		
NAME STREET ADDRESS CITY-ST-ZIP TITLE OBelete TITLE OBELET OBELET TITLE OBELET TITLE OBELET TITLE OBELET OBELET TITLE OBELET OBELET TITLE OB			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Change Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE Delete Delete TITLE Delete Delete TITLE Delete	Addition		
NAME STREET ADDRESS CITY-ST-ZIP TIFILE Delete TIFILE CITY-ST-ZIP TIFILE Delete TIFILE CITY-ST-ZIP TIFILE Delete TIFILE CHANGE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Addition		
	Addition		
STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP	Addition		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	Addition		