

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90132 045 ***138.75

60019556



03212008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-8334743** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLVI, ANTONIO E
5128 SAN JOSE
TAMPA, FL 33629

7. Name and Address of New Registered Agent

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 title 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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHENG, BOYLE	
STREET ADDRESS	114 MAJESTICE DRIVE	
CITY-ST-ZIP	MARS, PA 16046	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASTELLVI, ANTONIO E	
STREET ADDRESS	5128 SAN JOSE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAVIS, REGINALD J	
STREET ADDRESS	6535 NORTH CHARLES STREET	
CITY-ST-ZIP	TOWSON, MD 21204	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEBB, SCOTT	
STREET ADDRESS	2250 DREW STREET	
CITY-ST-ZIP	CLEARWATER, 33 76529	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WELCH, WILLIAM C	
STREET ADDRESS	SCAIFE ROAD	
CITY-ST-ZIP	SEWICKLEY HEIGHTS, PA 15143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Joseph C. [Signature]*

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

Date

Daytime Phone #

3/29/08