

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-17-2008 90262 035 \*\*\*138.75

**DOCUMENT # L07000008340**



1. Entity Name  
**OCCASIONS LLC**

Principal Place of Business  
**2607 HAWTHORNE CIRCLE  
TAMPA, FL 33629 US**

Mailing Address  
**2607 HAWTHORNE CIRCLE  
TAMPA, FL 33629 US**

**60015249**

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

**4004 Neptune St.  
Suite, Apt. #, etc.  
Suite 101**

3. Mailing Address

**4004 Neptune St.  
Suite, Apt. #, etc.  
Suite 101**

01042008 Chg-LLC CR2E083 (12/06)



City & State

**Tampa FL**

City & State

**Tampa, FL**

4. FEI Number

**20-8304408**

Applied For

Not Applicable

Zip

**33629**

Country

**USA**

Zip

**33629**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORDELL, CHRISTINE  
2607 HAWTHORNE CIRCLE  
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** ☐ Delete  
NAME **CORDELL, CHRISTINE W**  
STREET ADDRESS **2607 HAWTHORNE CIRCLE**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **MGRM** ☐ Delete  
NAME **AZZARELLI, MARTHA M**  
STREET ADDRESS **3717 NEPTUNE ST.**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Tuttle, Sandra F.**  
STREET ADDRESS **2902 Bay Court**  
CITY-ST-ZIP **Tampa, FL 33611**

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

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

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TITLE ☐ Change ☐ 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:** *Christine W. Cordell*

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

**2/22/08 813-286-9592**

Date

Daytime Phone #