

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4/**

FILED
May 30, 2008 8:00 am
Secretary of State

04-25-2008 90016 034 ***138.75

DOCUMENT # L07000011230

1. Entity Name

INGLE ENTERPRISES, LLC



Principal Place of Business

**326 HARLEM AVENUE
PANAMA CITY FL 32401
US**

Mailing Address

**326 HARLEM AVENUE
PANAMA CITY FL 32401
US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

33-1151509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INGLE, ARLENE
326 HARLEM AVENUE
PANAMA CITY FL 32401**

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

Arlene M. Ingle

(NO CHANGES!)

4/14/08

Signature of Registered Agent or Authorized Representative

(NOTE: Registered Agent's fee is not required when renewing)

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: **MEMBER-MGR-M** ☐ Delete
NAME: **Arlene Ingle**
STREET ADDRESS: **326 Harlem Ave**
CITY-STATE-ZIP: **Panama City FL 32401**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: **MGR-M** ☐ Change ☐ Addition
NAME: **John Ingle**
STREET ADDRESS: **326 Harlem Ave**
CITY-STATE-ZIP: **Panama City, FL 32401**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
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TITLE: ☐ Change ☐ Addition
NAME:
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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:

Arlene M. Ingle

Arlene M. Ingle

4/14/08

850-774-3533

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

Date

Phone Number