

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3) **FILED**
Apr 10, 2008 8:00 am
Secretary of State

03-17-2008 90259 015 ***143.75

DOCUMENT # L07000014383			
1. Entity Name TAYLOR TAMPA FLEX, LLC			
Principal Place of Business 413 COCONUT ISLE DRIVE FT. LAUDERDALE, FL 33301		Mailing Address 413 COCONUT ISLE DRIVE FT. LAUDERDALE, FL 33301	
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
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAYLOR, BARBARA 413 COCONUT ISLE DRIVE FT. LAUDERDALE, FL 33301		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 _____ (NOTE: Registered Agent signature required when re-registering) 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER BARBARA TAYLOR 413 COCONUT ISLE DRIVE FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: <u>Barbara Taylor</u> BARBARA TAYLOR		Date: <u>3/3/2008</u> 954-765-5566	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	