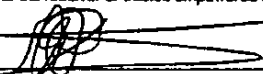


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2 Mar 07, 2008 8:00 am
Secretary of State

02-06-2008 90122 027 ***143.75

DOCUMENT # L07000024609			
1. Entity Name TUBNIK LIMITED LIABILITY COMPANY			
Principal Place of Business 4814 E. REGNAS AVE. TAMPA, FL 33617		Mailing Address 4810 E. REGNAS AVE. TAMPA, FL 33617	
2. Principal Place of Business - No P.O. Box # 4814 E. Regnas Av		3. Mailing Address 4814 E. REGNAS AV	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa FL		City & State TAMPA FL 33617	
Zip 33617		Zip 33617	
Country USA		Country USA	
4. FEI Number 30-0467826		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALAO OJEKUNLE, OLAJIDE ALAO 4814 E. REGNAS AVE. TAMPA, FL 33617		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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	MGR OJEKUNLE, OLAJIDE A 4814 E. REGNAS AVE. TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OJEKUNLE, OMONIYO 4814 E. REGNAS AVE. TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OJEKUNLE, OLATUBOSUN O 4814 E. REGNAS AVE. TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OJEKUNLE, OLANIKE O 4814 E. REGNAS AVE. TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OJEKUNLE, BISINUOLA O 4814 E. REGNAS AVE. TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		01/31/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	