2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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

30001482

Principal Place of Business	Mailing Address
~~4810 E. REGNAS AVE.~~ 4814 E REGNAS AV TAMPA, FL 33617	4810 E. REGNAS AVE. TAMPA, FL 33617

01122008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4814 E Regnas Av	4814 E. REGNAS AV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: TAMPA FL 33617
Zip: 33617 Country: USA	Zip: 33617 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	7. Name and Address of New Registered Agent
ALAO OJEKUNLE, OLAJIDE ALAO ~~4810 E. REGNAS AVE.~~ 4814 E REGNAS AV. TAMPA, FL 33617	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

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, OMONIYI 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, 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 — Daytime Phone #