## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 23, 2008 8:00 am Secretary of State 04-23-2008 90126 019 \*\*\*138.75

DOCUMENT # L07000025382  1. Entity Name C AND B ENTERPRISES, LLC						04-23-2008 903			75
Principal Place of Business Mailing Address					EUUZ7334				
Principal Place of Business 11925 WANDSWORTH DRIVE TAMPA, FL 33626		11925 WANDSWORTH DRIVE TAMPA, FL 33626				; 831 (851) 683) F3() 88))) 8	Iens resi dub	i i I inter fühlik ien	Tek im teði
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.		03172008	Chg-LLC	CR2E08	3 (12/06)		
City & State		Cily & State			4. FEI Number 20 - 8	3586203	<u></u>	<del> </del>	plied For 1 Applicable
Z <del>i</del> p	Country	Zip	Coun	try	5. Certificate of	f Status Desired		5.00 Add	
6. Name and Address of Current R		gistered Agent			7. Name and	Address of New Reg			
CIECT DO	DEDT A			Name		-	, -		
GIEST, RO 11925 WA TAMPA, FI	NDSWORTH DRIVE			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									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									
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75				Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE	MGRM	☐ Delete	TITLE	i				Change	Addition
name Street address	GIEST, ROBERT A 11925 WANDSWORTH DRIVE		MAN STRE	E Et address					
CITY-ST-ZIP	TAMPA, FL 33626			-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE			····		☐ Change	Addition
NAME	GIEST, CARRIE		NAM	E					
STREET ADDRESS CITY-ST-ZIP	11925 WANDSWORTH DRIVE			ET ADDRESS					
	TAMPA, FL 33626			-ST-ZIP		<del></del>		Change	☐ Addition
TITLE NAME		☐ Delete	TITLE	1				☐ Change	Addition
STREET ADDRESS	TOTAL CONTRACTOR OF THE PARTY O			ET ADDRESS					
CITY-ST-ZIP			CITY	- ST - ZIP		<del></del>			
TITLE		Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAM STRE	e et address					
CITY-ST-ZIP				- ST - ZIP					
TITLE		Delete	TITLE					☐ Change	Addition
NAME			NAM	E					
STREET ADDRESS				ET ADORESS					
CITY-ST-ZIP		<del></del>		-ST-ZIP				<del></del>	
TITLE NAME		☐ Delete	TITLE NAM					Change	☐ Addition
STREET ADDRESS	,			et address		***		1,.	٠.
CITY-ST-ZIP			1	-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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									

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