

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

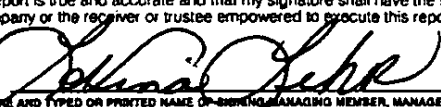
FILED
Apr 15, 2008 8:00 am
Secretary of State

02-04-2008 90137 030 ***138.75

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DOCUMENT # L07000045018			
1. Entity Name DIRT CHEAP TOO, LLC			
Principal Place of Business 5207 THE POINTE ENGLEWOOD, FL 34223 US		Mailing Address 5207 THE POINTE ENGLEWOOD, FL 34223 US	
2. Principal Place of Business - No P.O. Box # 1133 Bal Harbor		3. Mailing Address same as	
Suite, Apt. #, etc. Stk 1139		Suite, Apt. #, etc.	
City & State Punta Gorda, FL		City & State	
Zip 33950	Country	Zip	Country
4. FEI Number 26-0142178		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOTITZKY, EDWARD L 223 TAYLOR STREET PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent McKinley, Thersagen et al 18401 Murdock Circle, 2nd Fl. Port Charlotte FL 33948	
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 re-registering)			
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 SLIFER, EDWARD D 5207 THE POINTE ENGLEWOOD, FL 34223 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lovina Lehr 1133 Bal Harbor Stk 1139 Punta Gorda, FL 33950 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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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: 		Date: 1/30/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	