2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 11, 2008 8:00 am
Secretary of State
05-14-2008 90081 019 ***138.75

30009181

DOCUMENT # L07000045063

1. Entity Name
MIDDLETON MAINTENANCE, LLC

Principal Place of Business	Mailing Address
2579 COUNTRYSIDE BOULEVARD UNIT 205 CLEARWATER FL 33761	2579 COUNTRYSIDE BOULEVARD UNIT 205 CLEARWATER FL 33761

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
860 VIRGINIA ST	860 VIRGINIA ST
Suite, Apt. #, etc.: UNIT 306	Suite, Apt. #, etc.: UNIT 306
City & State: DUNEDIN FLORIDA	City & State: DUNEDIN FLORIDA
Zip: 34698 Country: PINELLAS	Zip: 34698 Country: PINELLAS

4. FEI Number 208924438 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, MARIE
2579 COUNTRYSIDE BOULEVARD
UNIT 205
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

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 [signature]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	MGR MIDDLETON, MARIE 2579 COUNTRYSIDE BOULEVARD UNIT 205 CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Middleton MARIE 860 VIRINIA ST UNIT 306 DUNEDIN FLORIDA 34698	☑ 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 Section 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #