FILED Mar 24, 2008 8:00 am Secretary of State 01-14-2008 90047 031 ***143.75

1/:

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0700045861 1. Entity Name CANEDO FAMILY LIMITED LIABILITY COMPANY									
Principal Place of Business Mailing Address 1180 GULF BLVD., APT. 802 CLEARWATER, FL 33767 Mailing Address 1180 GULF BLVD., APT. 802 CLEARWATER, FL 33767						: ::1 ! !!!!!	en dém jédn nam arry sa	ifh Alia intal entil chila c	ITIGI BERRI DI INVI
Principal Place of Business - No P.O. Box # 3. Mailing Address					· · · · · · · · · · · · · · · · · · ·				
Suite, Apt. #. etc.			Suite, Apt. #, etc.			01062008	090	CR2E083 (12	/06)
City & State			City & State		4. FEI Nurri	368-64	1-9641	Applied For Not Applicable	
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired S \$5.00 Additional Fee Required			
	6. Name :	and Address of Current R	Registered Agent		Name	7, Name an	d Address of New F	Registered Agent	
CANEDO, MA 1180 GULF E CLEARWATE	BLVD., A		Street Address		P.O. Bax Numl	ber is Not Acceptabl	e)		
			-		City		<u></u>	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 Signstare, typed or printed nearly of registered agent and title of applicable (NOTE: Registered Agent signature requires when remarkabing) DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								e check payable a Department of	
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	CHANGES	
NAME C	AGRM ANEDO,		☐ Delete	TITE	E			☐ Che	nge 🗀 Addition
		F BLVD., APT. 802 TER, FL 33767			ET ADDRESS -ST-ZIP				
TITLE NAME			☐ Delete	TITLE				☐ Cha	nge 🗌 Addition
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -ST-ZIP				
TITLE			☐ Deleta	TITLE			"	Cre	nge 🔲 Addition
STREET ADDRESS CITY-SI-ZIP				STRE	ET ADORESS - S1-ZIP				
TITLE		· · · · · · · · · · · · · · · · · · ·	C) Odicie	TTL!				Cha	nge 🔲 Addition
STREET ADDRESS CITY-S1-ZP				STRE	ET ADIORESS ·SI-ZIP				
TITLE NAME			☐ Deleta	TITLE	l l			☐ Char	age Addition
STREET ADDRESS CITY-ST-ZIP					ET ADORESS -S1-ZIP				ļ
FITLE			☐ Delete	TITLE	1		·	☐ Che	nge Addition
STREET ADDRESS CITY-ST-ZIP-	· • ,			STRE	E1 ADDRESS -ST-ZIP				
11. I hereby certify that the information supplied with this lifting 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: Main (ando 01-01-08 (813)835-7247									
SIGNATU	HONATURE AN	ED TYPED OR PRINTED HAME OF	BIGHING MANAGING MEMBER MAN		AUTHORIZED REPRESEI	TATIVE	Date	Daytene Phor	 1