


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-15-2008 90115 042 \*\*\*138.75

<b>DOCUMENT # L07000049176</b> 1. Entity Name <b>C.B. PULLEN GROVES, LLC</b>					
Principal Place of Business <b>2605 HUTCHINS ROAD FORT MEADE, FL 33841</b>			Mailing Address <b>2605 HUTCHINS ROAD FORT MEADE, FL 33841</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent <b>DUNLAP, GEORGE T III 245 SOUTH CENTRAL AVENUE BARTOW, FL 33830</b>			7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PULLEN, CHANDLER B 2605 HUTCHINS ROAD FORT MEADE, FL 33841</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Chandler B Pullen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/1/08 863-375-4483 <small>Date Daytime Phone #</small>		

60023633



03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number **30-0430807** Applied For Not Applicable

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