

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

3/1

FILED
Apr 16, 2008 8:00 am
Secretary of State

03-13-2008 90271 011 ***138.75

DOCUMENT # L07000051222

1. Entity Name
THE CAN DO MAN, LLC



Principal Place of Business
**1604 NEEDLEPALM
EDGEWATER FL 32132
US**

Mailing Address
**1604 NEEDLEPALM
EDGEWATER FL 32132
US**



2. Principal Place of Business - No P.O. Box #
1489 Old Mission Rd

3. Mailing Address
1489 Old Mission Rd

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
Edgewater FL

Zip
32132

Country
Volusia

4. FEI Number
16-3812992

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Accredited Bookkeeping Solutions
Street Address (P.O. Box Number is Not Acceptable)
3135 Waterway Place
City
Port Orange FL Zip Code
32128

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 **Edie C McKnight** MGRM **4/14/08**

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PEITZ, RALPH 1604 NEEDLEPALM EDGEWATER FL 32132	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Peitz, Ralph 1489 Old Mission Rd. Edgewater, FL 32132	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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: **R. H. Peitz** **2/26/08** **386-689-0225**

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