


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90023 026 ***138.75

DOCUMENT # L07000051704	
1. Entity Name GUEDRY ENTERPRISE, LLC	

Principal Place of Business 1113 E. CROSS ST. PENSACOLA, FL 32501	Mailing Address 3861 OCHUSE DRIVE PENSACOLA, FL 32503
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60028775



2. Principal Place of Business - No P.O. Box # 1113 E. Cross St.	3. Mailing Address 1113 E. Cross St.	04232008 Chg-LLC CR2E083 (12/06)	4. FBI Number 51-0636702	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State Pensacola, FL 32503	City & State Pensacola, FL 32503	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
Zip 32503	Country USA	Zip 32503	Country USA	

6. Name and Address of Current Registered Agent GUEDRY, ALMA B 3861 OCHUSE ST. PENSACOLA, FL 32503	7. Name and Address of New Registered Agent Name: <u>Same</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> Zip Code:
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUEDRY, ALMA B 3861 OCHUSE DRIVE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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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.

SIGNATURE 