


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90069 013 \*\*\*143.75

<b>DOCUMENT # L07000060353</b>	
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1. Entity Name  
**BOUGHT ON A BUDGET LLC**

Principal Place of Business <b>109 ARIANA BLVD AUBURNDAL, FL 33823</b>	Mailing Address <b>109 ARIANA BLVD AUBURNDAL, FL 33823</b>
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**60019238**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, SHERRI M  
109 ARIANA BLVD  
AUBURNDAL, FL 33823**

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, 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 ATKINS, WILLIAM R JR 109 ARIANA BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, SHERRI M 109 ARIANA BLVD AUBURNDAL, FL 33823	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE:

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

**WILLIAM R. ATKINS JR.**

**3/20/2008**

**(863) 604-1744**

Date

Daytime Phone #