

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071370

FILED
Apr 13, 2009
Secretary of State

Entity Name: CABAL ENTERPRISES, LLC

Current Principal Place of Business:

4713 IOWA AVE
TAMPA, FL 33616 US

New Principal Place of Business:

4713 W. IOWA AVE
TAMPA, FL 33616 US

Current Mailing Address:

4713 IOWA AVE
TAMPA, FL 33616 US

New Mailing Address:

4713 W. IOWA AVE
TAMPA, FL 33616 US

FEI Number: 26-0534398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLINEX-KRAEMAER, DENISE D
4713 IOWA AVE
TAMPA, FL 33616 US

Name and Address of New Registered Agent:

GINEX-KRAEMER, DENISE D
4713 W. IOWA AVE
TAMPA, FL 33616 US

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.

SIGNATURE: DENISE D GINEX KRAEMER

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GINEX-KRAEMER, DENISE D
Address: 4713 IOWA AVE
City-St-Zip: TAMPA, FL 33616 US

Title: MGRM () Delete
Name: KRAEMER, PETER G
Address: 4713 IOWA AVE
City-St-Zip: TAMPA, FL 33616 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GINEX-KRAEMER, DENISE D
Address: 4713 W. IOWA AVE
City-St-Zip: TAMPA, FL 33616 US

Title: MGRM (X) Change () Addition
Name: KRAEMER, PETER G
Address: 4713 W. IOWA AVE
City-St-Zip: TAMPA, FL 33616 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENISE D GINEX KRAEMER

MGRM

04/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date