

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075794

Entity Name: EBey LLC

FILED
Jun 05, 2008
Secretary of State

Current Principal Place of Business:

4280 CHURCH ST.
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

962 SWEETGUM VALLEY PL
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ELIAS, JOSE A
962 SWEETGUM VALLEY PL.
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELIAS, JOSE A
Address: 962 SWEETGUM VALLEY PL
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: COINTEC ELECTROMECHA, NICAL CONTRACT O RS, INC
Address: 631 PALM SPRINGS DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM () Delete
Name: ELIAS, DANIEL C
Address: 1692 SHADOWMOSS CIR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE A. ELIAS

MGRM

06/05/2008

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