

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90061 005 \*\*\*138.75

<b>DOCUMENT # L07000080039</b> 1. Entity Name <b>CORBIN &amp; GRAVES ENTERPRISES, LLC</b>			
Principal Place of Business <b>9712 HICKORY STREET TAMPA, FL 33635</b>		Mailing Address <b>9712 HICKORY STREET TAMPA, FL 33635</b>	
2. Principal Place of Business - No P.O. Box # <b>9712 Hickory Street</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>9712 Hickory Street</b> <small>Suite, Apt. #, etc.</small>	
City & State <b>Tampa, Florida</b> <small>Zip Country</small> <b>33635 Hillsborough</b>		City & State <b>Tampa, Florida</b> <small>Zip Country</small> <b>33635 Hillsborough</b>	
4. FEI Number <b>26-0691261</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04092008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>CORBIN, NEIL 9712 HICKORY STREET TAMPA, FL 33635</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>04/24/08</b> <small>(NOTE: Registered Agent signature required when resigning)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>Mr. Neil Corbin 9712 Hickory St Tampa, FL 33635</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>05/24/08</b> <span style="float: right;">813.545.4700</span> <small>Daytime Phone #</small>	

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[Help](#)

## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** L07000080039

**Business Entity Name** CORBIN & GRAVES ENTERPRISES, LLC

**Original File Date** 08/03/2007

**FEI Number**

**Principal Address** 9712 HICKORY STREET  
TAMPA, FL 33635

**Mailing Address** 9712 HICKORY STREET  
TAMPA, FL 33635

**Registered Agent** NEIL CORBIN  
9712 HICKORY STREET  
TAMPA, FL 33635

**Managing Member/Manager Name And Address**

[Continue](#)