

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

08 APR 16 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

TRUESDALE, LEROY  
1112 S MAGNOLIA DR - # R7  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

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 Leroy Truesdale DATE 4/16/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE MGR ☐ Delete  
NAME TRUESDALE, LEROY  
STREET ADDRESS 1112 S MAGNOLIA DR - # R7  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGR ☐ Delete  
NAME WILLIAMS, TREVON  
STREET ADDRESS 1112 S MAGNOLIA DR - # R7  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 900123782219  
STREET ADDRESS 04/17/08--01002--014 \*\*138.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 900123782219  
STREET ADDRESS 04/17/08--01002--015 \*\*5.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

DATE 4/16/08 (305) 766-1725  
Date Daytime Phone #