

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000080887

1. Entity Name  
NON-STOP INVESTMENTS LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -9 PM 2:22

Principal Place of Business  
152 NEW BRITON COURT  
BRADENTON, FL 34212 US

Mailing Address  
PO BOX 55368  
ST PETERSBURG, FL 33732 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

09172008 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

7. Name and Address of New Registered Agent

WINEBRENNER, JACK M  
1384 54TH AVENUE NE  
SUITE 1204  
ST PETERSBURG, FL 33703

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME PRIMOUS, MARLON L  
STREET ADDRESS 152 NEW BRITON COURT  
CITY-ST-ZIP BRADENTON, FL 34212

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200136688662  
CITY-ST-ZIP 10/07/08--01007--011 \*\*143.75

TITLE MGRM ☐ Delete  
NAME PRIMOUS, MARLON L  
STREET ADDRESS 152 NEW BRITON COURT  
CITY-ST-ZIP BRADENTON, FL 34212

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

TITLE MGRM ☐ Delete  
NAME HEMINGWAY, SAMARA  
STREET ADDRESS 152 NEW BRITON COURT  
CITY-ST-ZIP BRADENTON, FL 34212

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

**REINSTATEMENT 2008**

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: Winebrenner, Jack M

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

9/8/08 (941)448-8685

Date Daytime Phone #