

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90178 034 ***138.75

DOCUMENT # L07000081533

1. Entity Name
CRE CAILIN ENTERPRISE, LLC



Principal Place of Business
**1671 PEACHTREE CIR. NORTH
JACKSONVILLE, FL 32207 US**

Mailing Address
**1671 PEACHTREE CIR. NORTH
JACKSONVILLE, FL 32207 US**

60022040



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

26-0725523

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 33612-3425**

7. Name and Address of New Registered Agent

Name

PATRICIA A. O'DWYER

Street Address (P.O. Box Number is Not Acceptable)

1671 Peachtree Cir N

City

Jacksonville

FL

Zip Code

32207

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

Patricia A. O'Dwyer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
O'DWYER, PATRICA A
1671 PEACHTREE CIR. NORTH
JACKSONVILLE, FL 32207**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Patricia A. O'Dwyer

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

Date

Daytime Phone #