## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 04, 2008 8:00 am Secretary of State

, ANNUAL REPORT					Secretary of State				
DOCUMENT # L07000084333  1. Entity Name DEEP ROOTS OF SOUTH FLORIDA, LLC					04-04-2008			8.75	
Daine in al Di-		Lieur - A del	<del></del>	<b>-</b> -	UUU	TOOLA			
1 .	ce of Business	Mailing Address							
4305 EXCHANGE AVENUE 4305 EXCHANGE AVENUE									
NAPLES, FL 34104 US NAPLES, FL 34104 US									
Principal Place of Business - No P.O. Box #     Address									
Suite, Apt.	, #, etc.	Suite, Apt. #, etc.	03142008	Chg-LLC	CR2E08:	3 (12/06)			
City & Stat	te	City & State	City & State			597		plied For	
Zip	Country	Zip	Country			_ ¢	5.00 Add		
- "				5. Certifica	te of Status Desired		e Require		
6. Name and Address of Current Registered Agent				7. Name at	nd Address of New R				
Name					7. Name and Address of New Registered Agent				
TIBSTRA, THOMAS T				same_					
4305 EXCHANGE AVENUE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL 34104			17	<u> 22                                  </u>	<u> ۱۲۰ کال</u>	<u>CI_</u>			
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,			",   10	41B		FL	35	1102	
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered office or reg	istered agent, or t	ooth, in the State of Flo	orida. I am ta	miliar with,	and accept	
the obligat	tions of registered agent.								
SIGNATURE	·								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating)		DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						e check pay Departmen			
9.	MANAGING MEMB	ERS/MANAGERS	10.	<del> </del>	ADDITIONS/	CHANGES			
THLE	MGR .	☐ Delete	TITLE				Change	☐ Addition	
NAME	TIBSTRA, MARY S	OU.L.	NAME	- 1		7	<b>,</b>		
STREET ADORESS	4305 EXCHANGE AVENUE		STREET ADDRESS	935 Bt	h Street				
CITY-ST-ZIP -	NAPLES, FL 34104								
	<u> </u>		CITY-ST-ZIP (	10015	FL 34102	_			
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11. I nereby 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

☐ Defete

Change

■ Addition