2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90404 015 ***138.75

DOCUMENT # L07000085982

1. Entity Name
MISS-TIFF-FIRE, LLC

Principal Place of Business	Mailing Address
1755 COMMERCE BLVD. MIDWAY FL 32343	1755 COMMERCE BLVD. MIDWAY FL 32343

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2628 Brentshire Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Tallahassee, FL.
Zip / Country	Zip: 32303 Country: Leon

4. FEI Number: 26-0771057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARGILL, DAVID H
1755 COMMERCE BLVD.
MIDWAY FL 32343

7. Name and Address of New Registered Agent

Name: David H Cargill
Street Address (P.O. Box Number is Not Acceptable): 2628 Brentshire Dr
City: Tallahassee FL Zip Code: 32303

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: [signature]
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President David H. Cargill 2628 Brentshire Dr Tallahassee, FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #