

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90164 003 ***138.75

DOCUMENT # L07000110851

1. Entity Name
IT'S ABOUT TIME TS, LLC



Principal Place of Business
**310 26TH AVENUE N.
ST. PETERSBURG, FL 33704 US**

Mailing Address
**310 26TH AVENUE N.
ST. PETERSBURG, FL 33704 US**

50003998

2. Principal Place of Business - No P.O. Box #
260 1st Ave S
Suite, Apt. #, etc.

3. Mailing Address
260 260 1st Ave S
Suite, Apt. #, etc.

04152008 Chg-LLC CR2E083 (12/06)

City & State
St. Petersburg FL
Zip
33701
Country
Pinnelas

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St. Petersburg FL
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Country
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4. FEI Number
261344966
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HARAHAN, TONY
310 26TH AVENUE N.
ST. PETERSBURG, FL 33704
Scott Vogel
1104 Tiburon Dr.
Softner Dr.
33584

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 *[Signature]* DATE **4/15/2008**
(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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARAHAN, TONY 310 26TH AVENUE N. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VOGEL, SCOTT 3397 CLAIR CIR MARIETTA, GA 30066 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 609, Florida Statutes.

SIGNATURE: *[Signature]* *Scott Vogel* **4/15/08** **813 417 521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #