

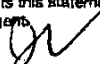
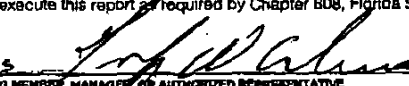
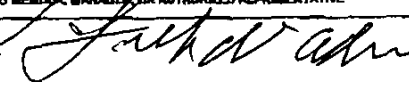
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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 NOV -4 AM 11:52

DOCUMENT # L07000114103					
1. Entity Name CUBE FOLD LLC					
Principal Place of Business 1386 S.E. RIVER GREEN CIRCLE PORT ST. LUCIE, FL 34952 US			Mailing Address 1386 S.E. RIVER GREEN CIRCLE PORT ST. LUCIE, FL 34952 US		
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	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD #347 PEMBROKE PINES, FL 33027				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State Zip Code FL	
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  DATE 10/24/08					
(NOTE: Registered Agent signature required when resigning)					
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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EDWARDS, JOSEPH		NAME	300136468863	
STREET ADDRESS	1386 S.E. RIVER GREEN CIRCLE		STREET ADDRESS	09/30/08--01013--008 **\$138.75	
CITY-STATE-ZIP	PORT ST. LUCIE, FL 34952		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EDWARDS, JACOB		NAME		
STREET ADDRESS	1386 S.E. RIVER GREEN CIRCLE		STREET ADDRESS		
CITY-STATE-ZIP	PORT ST. LUCIE, FL 34952		CITY-STATE-ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EDWARDS, VERNON		NAME		
STREET ADDRESS	1386 S.E. RIVER GREEN CIRCLE		STREET ADDRESS		
CITY-STATE-ZIP	PORT ST. LUCIE, FL 34952		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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: JOSEPH W. EDWARDS  DATE 9-25-08 772-579 772-579 772-579					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					
RESIGNED  10-27-08					



09252008 Chg-LLC CR2E083 (12/06)

FBI Number
26-2055518Applied For
Not Applicable6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

REINSTATEMENT
2008