

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90080 039 ***138.75

60041062



04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-2393449** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CAMPIONE, LESLIE ESQ.
342 E. 5TH AVENUE
MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent

Name **CHARLES W. REINERTSEN**
Street Address (P.O. Box Number is Not Acceptable)
215 E. BURLEIGH BLVD.
City **TAVARES** FL Zip Code **32778**

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 Charles W Reinertsen **CHARLES W REINERTSEN** **4-11-08**
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 **MGRM** ☐ Delete
NAME **REINERTSEN, CHARLES W**
STREET ADDRESS **215 E. BURLEIGH BLVD.**
CITY - ST - ZIP **TAVARES, FL 32778**

TITLE **MGRM** ☐ Delete
NAME **GIBBONS, JAY**
STREET ADDRESS **215 E. BURLEIGH BLVD.**
CITY - ST - ZIP **TAVARES, FL 32778**

TITLE **MGRM** ☐ Delete
NAME **GIBBONS, ALANA**
STREET ADDRESS **215 E. BURLEIGH BLVD.**
CITY - ST - ZIP **TAVARES, FL 32778**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - 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: Charles W Reinertsen **CHARLES W. REINERTSEN** **4-11-08 352-253-6400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #