

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L98000000899

1. Entity Name
CANDLELIGHT SQUARE L.C.



Principal Place of Business
1122 WOODRUFF AVENUE
APT #1
JACKSONVILLE, FL 32205

Mailing Address
1122 WOODRUFF AVENUE
APT #1
JACKSONVILLE, FL 32205

FILED

12 MAY 15 AM 9:17

CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05012012 Chg-LLC CR2E083 (12/11)

City & State

City & State

4. FEI Number
59-3531277

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KREDELL, SAMUEL D
1122 WOODRUFF AVENUE
#1
JACKSONVILLE, FL 32205

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, 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, 2012 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
MGRM
KREDELL, SAMUEL D
1122 WOODRUFF AVENUE, #1
JACKSONVILLE, FL 32205 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BOSS INVESTMENT CORP
1122 WOODRUFF AVENUE, #1
JACKSONVILLE, FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
100235200661
05/16/12--01025--001 **138.75

TITLE
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MAY 15 2012
S. PRATHER

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: S. Kredell

5-5-12 BOSSKREDELL@YAHOO.COM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

E-MAIL ADDRESS

\$ 138.75