

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115560

Entity Name: GIFT CABOOSE LLC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1035 TAWNY EAGLE DRIVE  
GROVELAND, FL 34736

**New Principal Place of Business:**

17945 WEST APSHAWA ROAD  
CLERMONT, FL 34715

**Current Mailing Address:**

P.O. BOX 994  
GROVELAND, FL 34736

**New Mailing Address:**

FEI Number: 26-3921943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BEN DAVID, DEBORAH A  
1035 TAWNY EAGLE DRIVE  
GROVELAND, FL 34736 US

**Name and Address of New Registered Agent:**

BEN DAVID, DEBORAH A  
17945 WEST APSHAWA ROAD  
CLERMONT, FL 34715 US

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.

SIGNATURE: DEBORAH A. BEN DAVID

02/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BEN DAVID, DEBORAH A  
Address: 17945 WEST APSHAWA ROAD  
City-St-Zip: CLERMONT, FL 34715

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DEBORAH A. BEN DAVID

MGR

02/09/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date