

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000149833

1. Entity Name

LLD ENTERPRISES, INC.



08 OCT 29 AM 11:56

CLERK OF COURT
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

39952 LACOOCHEE CLAY SINK ROAD
LACOOCHEE FL 33537
US

9367 SW 21ST ST
BUSHNELL FL 33513

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

39952 Laccoochee Clay
Sink Rd.

3. Mailing Address

9367 SW 21st ST.

City & State

Laccoochee, FL

City & State

Bushnell, FL

4. FEI Number

20-0521442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEAVENGER, DAVE
39952 LACOOCHEE CLAY SINK ROAD
LACOOCHEE FL 33537

7. Name and Address of New Registered Agent

Name

Same

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dave Cleavenger

9-1-08

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CLEAVENGER, DAVE	
STREET ADDRESS	39952 LACOOCHEE CLAY SINK ROAD	
CITY-ST-ZIP	LACOOCHEE FL 33537	

TITLE	S,T	<input type="checkbox"/> Delete
NAME	CLEAVENGER, LYN	
STREET ADDRESS	39952 LACOOCHEE CLAY SINK ROAD	
CITY-ST-ZIP	LACOOCHEE FL 39952	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300137419029	
STREET ADDRESS	10/29/08--01020--002 **150.00	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-08

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