
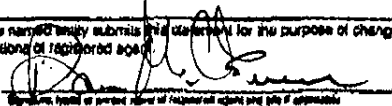



Reinstatement 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

S08225900406

08-04-2008 90034019-00543.75
L00000005672

| | | | |
|--|---|--|---|
| DOCUMENT # L0000005672 | |  | |
| 1. Entity Name RELIABLE GROUP, LLC | | | |
| Principal Place of Business 309 SOUTH WILLOW AVENUE TAMPA, FL 33606 | | Mailing Address 309 SOUTH WILLOW AVENUE TAMPA, FL 33606 | |
| 2. Principal Place of Business - No P.O. Box # | | 2. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | County | Zip | County |
| 6. Name and Address of Current Registered Agent MCNAMARA, PATRICK J 101 KENNEDY BLVD. SUITE 3400 TAMPA, FL 33601 | | 7. Name and Address of New Registered Agent Name: DANIEL MCGREEN Street Address (P.O. Box Number is Not Acceptable): 101 Kennedy Blvd #3400 City: TAMPA FL Zip Code: 33601 | |
| 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: 1/22/09 | |
| FILE NUMBER FEB 13 \$536.75 Due by September 12, 2008 | | State check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HENRY, WILLIAM 3018 CHAPIN AVE. TAMPA, FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 605, Florida Statutes. | | | |
| SIGNATURE:  | | Date: 7/11/08 873-226-2220 | |



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 27 PM 1:40

T. Hampton JAN 28 2009