

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90140 004 ****50.00

DOCUMENT # L05000014853	
1. Entity Name SURRY MARKETING SOLUTIONS, LLC	



Principal Place of Business 1401 E. BROWARD BLVD., #206 C/O BRUCE HERMAN FORT LAUDERDALE, FL 33301	Mailing Address 1401 E. BROWARD BLVD., #206 C/O BRUCE HERMAN FORT LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box # 1000 North Washington Blvd.	3. Mailing Address 1000 North Washington Blvd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Sarasota, FL	City & State Sarasota, FL
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Zip 34246	Country USA	Zip 34246	Country USA
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01042007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
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HERMAN, BRUCE 1401 E. BROWARD BLVD., #206 FORT LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent	
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Name Thomas Edward Surry	
Street Address (P.O. Box Number is Not Acceptable) 1000 North Washington Blvd.	
City Sarasota	FL Zip Code 34246

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 *Thomas E. Surry* DATE 01-18-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARD SURRY, THOMAS 1401 E. BROWARD BLVD., #206 FORT LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1000 N. Washington Blvd. Sarasota, FL 34246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000 NORTH WASHINGTON BLVD. SARASOTA, FL 34246 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE: *Thomas E. Surry* Thomas E. Surry 01-18-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #