

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000018390

1. Entity Name
3RD DEVIL ONLINE, LLC



Principal Place of Business
**1246 WOOD DUCK CT.
 JACKSONVILLE, FL 32259**

Mailing Address
**1246 WOOD DUCK CT.
 JACKSONVILLE, FL 32259**



01132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-4248716 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**NIELSEN, KATHRYN L
 1246 WOOD DUCK CT.
 JACKSONVILLE, FL 32259**

**DO NOT WRITE
 IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NIELSEN, KATHRYN L 1246 WOOD DUCK CT. JACKSONVILLE, FL 32259 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NIELSEN, KIRK B 1246 WOOD DUCK CT. JACKSONVILLE, FL 32259 |
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 01/17/08-80035-001 138.75

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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 608, Florida Statutes.

SIGNATURE: *Kathryn L. Nielsen* **1-13-08** **904-287-1822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #