

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042870

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: 110%, LLC

**Current Principal Place of Business:**

1923 ROTHBURY DRIVE  
JACKSONVILLE, FL 32221

**New Principal Place of Business:**

**Current Mailing Address:**

1923 ROTHBURY DRIVE  
JACKSONVILLE, FL 32221

**New Mailing Address:**

FEI Number: 20-4802924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHEELER, PETE  
1923 ROTHBURY DRIVE  
JACKSONVILLE, FL 32221 US

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

FOSTER, HOLLYN P.A.  
334 EAST DUVAL STREET  
JACKSONVILLE, FL 32202 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: HLOLLYN J. FOSTER, P.A.

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHEELER, PETE  
Address: 1923 ROTHBURY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM ( ) Delete  
Name: BUENING, JOHN W  
Address: 1923 ROTHBURY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM ( ) Delete  
Name: BUENING, JOHN E  
Address: 1923 ROTHBURY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM ( ) Delete  
Name: FARRIS, BILL L  
Address: 1923 ROTHBURY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETE WHEELER

MGRM

04/30/2009

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