

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000003204



1. Entity Name  
123 GROUP, L.L.C.

Principal Place of Business  
125 E. INDIANA AVE., STE. A-2  
DELAND, FL 32724

Mailing Address  
125 E. INDIANA AVE., STE. A-2  
DELAND, FL 32724

**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3703353

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MCMAHAN, RICHARD A  
125 E. INDIANA AVE., STE. A-2  
DELAND, FL 32724

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MCMAHAN, RICHARD A  
125 E. INDIANA AVE., STE. A-2  
DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KELLOGG, W. ROBERT  
P.O. BOX 223  
DELAND, FL 327210223

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000582454  
01/11/07-80032-011 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

RICHARD A. MCMAHAN

1/6/07

386-736-3799

Date

Daytime Phone #