


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000025165

1. Entity Name
SYMBIS LLC



Principal Place of Business 1558 CORDOVA MILLS COVE CORDOVA, TN 38016-6152	Mailing Address 1558 CORDOVA MILLS COVE CORDOVA, TN 38016-6152
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4519361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
 8875 HIDDEN RIVER PKWY STE. 300
 TAMPA, FL 33637**

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

000000021968
 02/19/08-80048-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETZRICK, ERNEST P 1558 CORDOVA MILLS COVE CORDOVA, TN 380166152
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MERRELL, KELLY L 1558 CORDOVA MILLS COVE CORDOVA, TN 380166152
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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: *Ernest Paul Petzrick* **2/6/08** **901-754-4322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ERNEST PAUL PETZRICK