

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90154 017 ***138.75

DOCUMENT # L00000000483

1. Entity Name
FLORIDA OUTDOOR ADVERTISING, LLC



Principal Place of Business
2987 CENTERPORT CIR 3
POMPANO BEACH, FL 33064

Mailing Address
2987 CENTERPORT CIR 3
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3620717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUTLEDGE, GARY R
215 SOUTH MONROE STREET, SUITE 420
TALLAHASSEE, FL 32301

**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	P HARDIN, DANIEL L 3700 N.E. 27 AVE. 5645 NOVA ROAD LIGHTHOUSE POINT, FL ST CLOUD, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUTLEDGE, GARY R 215 S. MONROE ST STE 420 TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLSON, JANICE E P.O. BOX 46 5625 NOVA ROAD ST CLOUD, FL MORRIS, GA 39847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICHOLSON, STEPHEN D P.O. BOX 46 5625 NOVA ROAD ST CLOUD, FL MORRIS, GA 39847
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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

Date

Daytime Phone #

3/20/08