

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000005670

1. Entity Name
PHILLIPS GROUP OF VOLUSIA COUNTY, L.C.



Principal Place of Business
**834 CARSWELL AVENUE
HOLLY HILL, FL 32117**

Mailing Address
**834 CARSWELL AVENUE
HOLLY HILL, FL 32117**



01182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3647436

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARKIN, MARSHALL H
149-P SOUTH RIDGEWOOD AVENUE, SUITE 710
DAYTONA BEACH, FL 32114**

**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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	PHILLIPS, JAMES E
STREET ADDRESS	834 CARSWELL AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	MEM
NAME	PHILLIPS, JOHN E
STREET ADDRESS	34 BEVERLY ST.
CITY-ST-ZIP	STITTSVILLE, ON K25 1C3 CANAD,
TITLE	MEM
NAME	PHILLIPS, MARY W
STREET ADDRESS	1436 BAHIA AVE.
CITY-ST-ZIP	ORLANDO, FL 328071407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000793912
01/25/08-80026-012 138.75

**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: *MARY W PHILLIPS*

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

1-18-08

Date

(407) 277-4039

Daytime Phone #