## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 09, 2008 08:00 A Secretary of State DOCUMENT # L0000007013 MELVILLE, SOWERBY & MCCARTY, P.L. Principal Place of Business Mailing Address 2940 SOUTH 25TH STREET 2940 SOUTH 25TH STREET FT. PIERCE, FL. 34981 FT. PIERCE, FL 34981 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 65-1016068 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MELVILLE, HAROLD G Street Address (P.O. Box Number is Not Acceptable) 2940 SOUTH 25TH STREET FT. PIERCE, FL 34981 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 a 40108 HANGLA MELVILLE SIGNATURE Signature, types or printer (NOTE Registered Agent signature required when reinstating) DATE name of registered agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 **MGRM** THILE TITLE Change Addition ☐ Delete NAME MELVILLE, HAROLD G NAME STREET ADDRESS 2940 S. 25TH ST. STREET ADDRESS 000000776283 <u>/09/08-80017-</u> FT. PIERCE, FL 34981 CITY-ST-7/P CITY-ST-ZIP -n18 138. ☐ Change ☐ Delete Addition TITLE TITLE SOWERBY, DAVID N STREET ADDRESS 2940 S. 25TH ST. STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL 34981 CITY-ST-7IP MEM Delete Change ■ Addition MCCARTY, JAMES H JR. NAME NAME STREET ADDRESS 2940 S. 25TH ST. STREET ADDRESS CITY-ST-ZIP FT. PIERCE, FL 34981 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

**FILED**