



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90203 046 ****50.00

DOCUMENT # L00000010074 1. Entity Name SILLOH MARKET RESEARCH, LLC					
Principal Place of Business 500 S FLORIDA AVE 400 LAKELAND, FL 33801				Mailing Address 500 S FLORIDA AVE 400 LAKELAND, FL 33801	
2. Principal Place of Business - No P.O. Box # 757 3rd St SW		3. Mailing Address 757 3rd St SW			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Haven, FL		City & State Winter Haven, FL			
Zip 33880		Country 		01292007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 59-3665513				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 SILLOH INDUSTRIES INC. 500 FLORIDA AVE SUITE 400 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Silloh Industries, Inc. Street Address (P.O. Box Number is Not Acceptable) 757 3rd St SW City Winter Haven FL Zip Code 33880	
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 <i>Jack M. Hollis</i> Jack M. Hollis, CEO 1-30-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILLOH INDUSTRIES INC. 500 S FLORIDA AVE #400 LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	757 3rd St SW Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jack M. Hollis</i> Jack M. Hollis 1-30-2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1-30-2007 Daytime Phone # (863) 669-1155 X.227		