

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000012751

1. Entity Name
THE SECURITIES GROUP, LLC



Principal Place of Business
6465 N. QUAIL HOLLOW RD. #400
MEMPHIS, TN 38120

Mailing Address
6465 N. QUAIL HOLLOW RD. #400
MEMPHIS, TN 38120

FILED
Jul 25, 2008 08:00 AM
Secretary of State



07112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L
500 S. FLORIDA AVE., #800
LAKELAND, FL 33801

**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

7-21-08

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956303
07/25/08-80002-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TRAMMELL, C. MICHELLE
STREET ADDRESS	6465 N QUAIL HOLLOW RD., #400
CITY- ST- ZIP	MEMPHIS, TN 38120
TITLE	MGR
NAME	NEAL, CHASE
STREET ADDRESS	6465 N QUAIL HOLLOW RD., #400
CITY- ST- ZIP	MEMPHIS, TN 38120
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:

Michelle Trammell

Michelle Trammell

7-11-08 901-229-2971

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

Date

Daytime Phone #