# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 06, 2008**
**Secretary of State**

DOCUMENT# L02000008786

**Entity Name:** FLORIDA OFSC, LLC

**Current Principal Place of Business:**

549 HEALTH BLVD.
DAYTONA BEACH, FL 32117 US

**New Principal Place of Business:**

**Current Mailing Address:**

549 HEALTH BLVD.
DAYTONA BEACH, FL 32117 US

**New Mailing Address:**

**FEI Number: 02-0583933** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AKERS, JOHN O
549 HEALTH BLVD.
DAYTONA BEACH, FL 32114 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: SCHALIT, CURTIS
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR ( ) Delete
Name: AKERS, JOHN O
Address: 549 HEALTH BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR ( ) Delete
Name: LAWSON, SCOTT
Address: 549 HEALTH BOULEVARD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: BROUMAND, VISHTASB
Address: 549 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN AKERS MGR 03/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date