


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # L02000031911

1. Entity Name
WARFEL HOLDINGS, LLC



Principal Place of Business
**11318 BUSINESS PARK BLVD.
 JACKSONVILLE, FL 32256**

Mailing Address
**11318 BUSINESS PARK BLVD.
 JACKSONVILLE, FL 32256**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
06-1668003

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WARFEL, ROSE A
 6701 POTTSBURG DR
 JACKSONVILLE, FL 32216**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000000873020

04/10/08-80059-025 138.75

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WARFEL, CHARLES A 6701 POTTSBERG DR JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS WARFEL, ROSE A 6701 POTTSBURG DR JACKSONVILLE, FL 32216
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  DATE: **3/25/08** DAYTIME PHONE #: **904-880-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #