## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 25, 2008 08:00 AN Secretary of State

1. Entity Name	IENT # L030000024 .DINGS, LLC	67			cretary or St	
Principal Place o	of Business	Mailing Address	1	1		
75 EAST MARK AKRON, OH 44		75 EAST MARKET ST AKRON, OH 44308				
			A STATE OF THE STA			
			<b>AF</b>	02042008 No Chg-LLC	CR2E083 (12/07)	
	D NOT WRITE	IN 1 MIS SPA	ICE:	4. FEI Number 06-1674211	Applied For Not Applicable	
		The continue to be graph to appro-	Walter State	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and the state of the state of the	E P Park	
SUITE 2110	AURA STREET			DO NOT WR	rs .	
JACKSONVI	LLE, FL 32202		Market Same			
	amed entity submits this statement for the sof registered agent.	e purpose of changing its regist	ered office or register	red agent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE	nature, typed or printed name of registered agent and	title if applicable (NOTE: Registr	red Agent signature required	d when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U000008 03/05/08-8	38934 0049-019 138.75		
9.	MANAGING MEMBERS	/MANAGERS	100	James to the and the server of his		
	MGRM		The second of the	· "我们是我们的一个		
	SLC MGMT., LLC. '6 S LAURA ST., STE. 2110		316.	gagagara na sa	n n	
	ACKSONVILLE, FL 32202					
TITLE			T 44 4 4	a mark the same		
NAME					a partitude and the second	
STREET ADDRESS						

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filting 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: My Illie

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

> Anthony S. Manna Chairman of SLC Mgmt. LK 2-6-08 330-253-5060

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

Date

Daytime Phone #