2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000004475

1. Entity Name
SLC MANAGEMENT, LLC

Principal Place of Business	Mailing Address
76 SOUTH LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202	76 SOUTH LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

04032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
04-3736808
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BMD FLORIDA SERVICE, LLC
76 SOUTH LAURA STREET
SUITE 2110
JACKSONVILLE, FL 32202

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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)

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

U00000927167
05/20/08-80095-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MANNA, ANTHONY S
STREET ADDRESS	75 EAST MARKET ST STE 330
CITY-ST-ZIP	AKRON, OH 44308
TITLE	MGRM
NAME	KRISMANTH, KENNETH J
STREET ADDRESS	76 SOUTH LAURA ST SUITE 2110
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	CORR, MARK S IV
STREET ADDRESS	75 EAST MARKEY ST STE 330
CITY-ST-ZIP	AKRON, OH 44308
TITLE	MGRM
NAME	STEURER, DANIEL P
STREET ADDRESS	1870 17TH STREET
CITY-ST-ZIP	AKRON, OH 44314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Anthony S. Manna 4/23/08 330-253-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #