

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006069

FILED
Jul 04, 2006
Secretary of State

Entity Name: EXCEED, LLC

Current Principal Place of Business:

1187 EAST FOWLER DRIVE
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1187 E. FOWLER DR.
DELTONA, FL 32725 US

New Mailing Address:

1187 E. FOWLER DRIVE
DELTONA, FL 32725 US

FEI Number: 20-0780992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PUCKETT, QUETSY
1187 EAST FOWLER DRIVE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

PUCKETT, QUETSY E
1187 EAST FOWLER DRIVE
DELTONA, FL 32725 US

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: QUETSY PUCKETT

07/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PUCKETT, QUETSY
Address: 1187 EAST FOWLER DRIVE
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM () Delete
Name: PUCKETT, AARON
Address: 1187 EAST FOWLER DRIVE
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: QUETSY E. PUCKETT

MGR

07/04/2006

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