

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006123

Entity Name: SA OVIEDO, LLC

FILED  
Jul 04, 2008  
Secretary of State

**Current Principal Place of Business:**

1024 LOCKWOOD BLVD  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

411 AUGUSTINE CT  
OVIEDO, FL 32765

**New Mailing Address:**

600 LEGACY PARK DR  
CASSELBERRY, FL 32707

FEI Number: 37-1462800      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:**

GIBSON, PHILIP A  
411 AUGUSTINE CT  
OVIEDO, FL 32765      US

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

GIBSON, PHILIP A  
600 LEGACY PARK DR  
CASSELBERRY, FL 32707      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:

07/04/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GIBSON, PHILIP A  
Address: 411 AUGUSTINE CT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: GIBSON, PHILIP A  
Address: 600 LEGACY PARK DR  
City-St-Zip: CASSELBERRY, FL 32707

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: PHILIP A GIBSON

MR

07/04/2008

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