


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000008381**

1. Entity Name  
**INDUSTRIAL OPPORTUNITY, LLC**



Principal Place of Business  
**3100 OPPORTUNITY COURT  
 SOUTH DAYTONA, FL 32119**

Mailing Address  
**200 E. GRANADA BLVD., STE. 200  
 ORMOND BEACH, FL 32176**

**DO NOT WRITE IN THIS SPACE**



02012008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>58-2676354</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SALBY, DWIGHT C  
 SELBY REALTY, INC  
 200 E. GRANADA BLVD., #200  
 ORMOND BEACH, FL 32176**

**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)

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

U00000873246  
 04/10/09-80070-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELBY, DWIGHT C 1535 OAK FOREST DR. ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, SANFORD 28 BROAD RIVER ROAD ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARGAN, THOMAS H JR 140 JOHN ANDERSON DR. ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRASSER, CHARLES L 1316 JOHN ANDERSON DR ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SACKS, DAVID 240 N. SEAGRAVE DAYTONA BEACH, FL 32115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **3/24/08**

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