

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009809

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHECK IT OUT, LLC.

Current Principal Place of Business:

722 S. GROVE ST.
STE 4
EUSTIS, FL 32726

New Principal Place of Business:

17 N CENTRAL AVE
UMATILLA, FL 32784

Current Mailing Address:

3100 NORTHWIND DR.
EUSTIS, FL 32726

New Mailing Address:

17 N CENTRAL AVE
UMATILLA, FL 32784

FEI Number: 90-0074026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDY, MICHELLE L
3100 NORTHWIND DR.
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

MADDY, MICHELLE L
17 N CENTRAL AVE
UMATILLA, FL 32784 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MADDY, MICHELLE L
Address: 3100 NORTHWIND DR.
City-St-Zip: EUSTIS, FL 32726

Title: MGR () Delete
Name: MADDY, EDWARD E
Address: 3100 NORTHWIND DR.
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MADDY, MICHELLE L
Address: 17 N CENTRAL AVE
City-St-Zip: UMATILLA, FL 32784

Title: MGR (X) Change () Addition
Name: MADDY, EDWARD E
Address: 17 N CENTRAL AVE
City-St-Zip: UMATILLA, FL 32784

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: MICHELLE MADDY

MGRM

04/30/2008

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