

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90312 036 ***138.75

DOCUMENT # L03000023338			
1. Entity Name PROSPERITY EXPANSION GROUP, LLC			
Principal Place of Business 141 FERNERY RD # 20 (G4) LAKELAND, FL 33809		Mailing Address 141 FERNERY RD # 20 (G4) LAKELAND, FL 33809	
2. Principal Place of Business - No P.O. Box # 657 MULLINS PATH		3. Mailing Address 657 MULLINS PATH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State The Villages, FL		City & State The Villages, FL	
Zip 32162	Country Sumter	Zip 32162	Country Sumter
6. Name and Address of Current Registered Agent BERRY, FRANKLYN G 141 FERNERY RD. #20 (C-4) LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name BERRY, FRANKLYN G Street Address (P.O. Box Number is Not Acceptable) 657 MULLINS PATH City THE VILLAGES FL Zip Code 32162	
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 <i>Berry, Franklyn G</i> DATE <i>4/19/08</i> 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		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERRY, FRANKLIN G 141 FERNERY RD # 20 (C-4) LAKELAND, FL 33809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERRY, FRANKLYN G 657 MULLINS PATH THE VILLAGES, FL 32162 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAWLOWSKI, PATRICIA A 141 FERNERY RD. #20 (C-4) LAKELAND, FL 33809 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAWLOWSKI, PATRICIA A 657 MULLINS PATH THE VILLAGES, FL 32162 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Berry, Franklyn G* DATE: *4/19/08* (252) 703-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #