

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024266

Entity Name: LANARK SYSTEMS, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

12812 LAKESHORE DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

614 E. HIGHWAY 50
SUITE 301
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 27-0062879 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:

JENKINS, SUE A
614 E. HIGHWAY 50
SUITE 301
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JENKINS, SUE A
Address: 12812 LAKESHORE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: SAUTTER, DON
Address: 3002 E. MT. ELDEN DR.
City-St-Zip: FLAGSTAFF, AZ 86004

Title: MGRM () Delete
Name: FALCK, WILLIAM
Address: 712 SHERWOOD DRIVE
City-St-Zip: ARLINGTON, TX 76013

ADDITIONS/CHANGES:

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

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 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: SUE A. JENKINS

MGRM

07/09/2008

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