## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 22, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L03000031021  1. Entity Name BUCKLEY SEARCH GROUP, LLC  Principal Place of Business  Mailing Address						02-22-2007	90277 015 ****5	0.00
		2194 KAYLEE DR						
THE VILLAGES, FL 32162 US		THE VILLAGES, FL 32162 US						
					1 18841811 811 1		HE BOIDD HERE SENII ORNID ALBOY H	11 B.C. 181 ( B.B.C
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe 20-0163		<del></del>	oplied For	
Zip	Country Zip Cour		Country			of Status Desired	\$5.00 Ad	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent	
				Name				
BUCKLEY, DANIEL P 2194 KAYLEE DR THE VILLAGES, FL 32162			St	Street Address (P.O. Box Number is Not Acceptable)				
THE VICE	NGC3, 1 L 32102							
			Ci	ity			FL Zip Coo	le
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	registered of	ffice or register	ed agent, or bot	h, in the State of FI	orida. I am familiar with	and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Ager	nt signature required	when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007							ke check payable to la Department of Stat	e
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES	
TITLE	MGRM	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	BUCKLEY, DANIEL P 2194 KAYLEE DR		NAME STREET AD	DRESS				
CITY-ST-ZIP	THE VILLAGES, FL 32162		CITY-ST-Z					
TITLE		☐ Delete	TITLE					
NAME				<b>I</b>			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME	22222			☐ Change	Addition
			NAME STREET AD CITY-ST-Z	<b>I</b>			☐ Change	Addition
TITLE		☐ Delete	STREET AD	<b>I</b>			☐ Change	Addition
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NAME STREET ADDRESS		☐ Delete	STREET AD CITY-ST-Z TITLE NAME STREET AD	ZIP ,				
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11. Thereby 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.

Buckley

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE