

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036249

Entity Name: POSITIVE ATTITUDE, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

2045 MICHIGAN AVE NE
ST. PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

2045 MICHIGAN AVE NE
ST. PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 20-0461880 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:

NORRIS, KIM S
2045 MICHIGAN AVE NE
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

NORRIS, KIM S
3162 8TH AVE N
ST. PETERSBURG, FL 33713 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: KIM S NORRIS, MANAGER

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NORRIS, KIM S
Address: 2045 MICHIGAN AVE NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGRM () Delete
Name: MILLER, VERONICA L
Address: 2045 MICHIGAN AVE NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NORRIS, KIM S
Address: 3162 8TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33713 US

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: KIM S NORRIS, MANAGER

MGRM

05/01/2007

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