

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042340

Entity Name: EQUILLIANCE, LLC

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

3501 QUADRANGLE BLVD.
100
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

3501 QUADRANGLE BLVD.
100
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-0359711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTINGLY, TIMOTHY
3501 QUADRANGLE BLVD.
100
ORLANDO, FL 32817 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: MATTINGLY, TIMOTHY MR.
Address: 2948 FITZTOOTH DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: MAYS, WILLIAM MR.
Address: 2356 BUCKINGHAM RUN COURT
City-St-Zip: ORLANDO, FL 32828

Title: MGRM (X) Delete
Name: VELA, JIM MR.
Address: 750 S. EDGEMON AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VELA, JAMES MR.
Address: 750 S. EDGEMON AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708

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: TIMOTHY MATTINGLY

MGRM

01/16/2008

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