2008: MITED LIABILITY COMPANY ANNUAL REPORT

Jan 17, 2008 8:00 am **Secretary of State** L03000052483 DOCUMEN' 01-17-2008 90054 018 ***138.75 1. Entity Name **VALERIE TUML**)N, LLC 0000---Mailing Address Principal Place of Busine 324 SOUTH NINE DRIVE 324 SOUTH NINE DRI PONTE VEDRA BEACH PONTE VEDRA BEACH, FL 32082 320**82** US 01052008 No Chg-LLC CR2E083 (12/07) T WRITE IN THIS SPACE 4. FEI Number 01-0803288 5. Certificate of Status Desired Address of Current Registered Agent TUMLINSON, VA: DO NOT WRITE **324 SOUTH NINE** VΕ PONTE VEDRA F 11, FL 32082 IN THIS SPACE mits 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 8. The above named the obligations of : SIGNATURE Signature d name of registered agent and little if a : iS \$138.75 **FILE NOW** After May 1, 20 will be \$538.75 **HANAGING MEMBERS/MANAGERS** 9. MGR TITLE TUM 'ALERIE L NAME **324** S INE DRIVE STREET ADDRESS CITY-ST-ZiP 1109° \ BEACH, FL 32082 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C(TY+ST-7iP TITLE NAME

IN THIS SPACE

FILED

Applied For

\$5.00 Additional

Fee Required

Not Applicable

11. I hereby certify limited liability

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-Zid

mation supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 ne receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATUR