

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000007456</b>	
1. Entity Name <b>WARRING &amp; WARRING, LLC</b>	
Principal Place of Business <b>7106 NW 18TH AVENUE GAINESVILLE, FL 32605</b>	Mailing Address <b>7106 NW 18TH AVENUE GAINESVILLE, FL 32605</b>



04082008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2430143</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WARRING, MARK 7106 NW 18TH AVENUE GAINESVILLE, FL 32605</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000903568  
04/30/08-80052-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARRING, W.D. 7302 NW 18TH AVENUE GAINESVILLE, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARRING, MARK 7106 NW 18TH AVENUE GAINESVILLE, FL 32605</b>
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**DO NOT WRITE IN THIS SPACE**

11. I hereby 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.

**SIGNATURE:** Mark Warring **4-15-08 352-333-8400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE, Date Daytime Phone #