

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Aug 20, 2008 8:00 am  
Secretary of State**

07-14-2008 90096 031 \*\*\*138.75  
08-20-2008 90014 013 \*\*\*400.00

**DOCUMENT # L04000008296**

1. Entity Name  
**510 GROUP, L.L.C.**



Principal Place of Business  
**3885 20TH STREET  
SUITE 201  
VERO BEACH, FL 32960 US**

Mailing Address  
**P.O. BOX 5200  
VERO BEACH, FL 32961 US**

**DO NOT WRITE IN THIS SPACE**



02162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-0663334**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KELLY, CHAD  
750 LAEK DRIVE  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

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 relinquishing)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
KELLY, CHAD  
P.O. BOX 5200  
VERO BEACH, FL 32961**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BYNUM, J. KEVIN  
1970 122ND AVE.  
VERO BEACH, FL 32966**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/8/08