

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019607

FILED  
Jun 13, 2008  
Secretary of State

**Entity Name:** THREE SIXTY HOLDINGS LLC

**Current Principal Place of Business:**

2430 ESTANCIA BLVD STE 108  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2430 ESTANCIA BLVD STE 108  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 20-0882824      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:**

**Name and Address of New Registered Agent:**

SCOURTAS, LOUIS C  
2430 ESTANCIA BLVD STE 108  
CLEARWATER, FL 33761 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ELLIOT, ROGER J  
Address: 2430 ESTANCIA BLVD STE 108  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM ( ) Delete  
Name: MOSER, THOMAS A  
Address: 2799 KISSIMMEE BAY CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744 US

**ADDITIONS/CHANGES:**

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

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: ROGER ELLIOT

MGRM

06/13/2008

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