

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033629

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: A LITTLE PERSISTENCE, LLC

**Current Principal Place of Business:**

530 PAUL MORRIS DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2248  
ENGLEWOOD, FL 34295

**New Mailing Address:**

FEI Number: 20-1101746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KORZILIUS, ERIK V  
2100 TAMIAMI TRAIL S  
SUITE C  
VENICE, FL 34293 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: GOOGINS, CINDY L  
Address: 340 CAPSTAN DRIVE  
City-St-Zip: CAPE HAZE, FL 33946

Title: MGRM ( ) Delete  
Name: ARP, DAVID S  
Address: 305 STRATFORD ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM ( ) Delete  
Name: ARP, DAVID L  
Address: 6039 MANASOTA KEY ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES:**

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

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: CINDY L GOOGINS

MEMB

04/30/2008

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