

FILED

08 MAR -3 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

90-0061155

Applied For	
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Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

THACKER, JOHN S
8504 N. TALIAFERRO AVE
TAMPA, FL 33604

**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

Signed on Wang Liang
(NOTE: Registered Agent signature required)

(NOTE: Registered Agent signature required when reinstating)

2/25/08
DATE

PAT

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

U00000945574
03/14/08-20003-014-143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THACKER, JOHN
STREET ADDRESS	8504 N. TALIAFERRO AVE
CITY-ST-ZIP	TAMPA, FL 33604

TITLE	MGRM
NAME	THACKER, JUNE
STREET ADDRESS	8504 N. TALIAFERRO AVE
CITY - ST - ZIP	TAMPA, FL 33604

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

200121515672
03/28/08--01015--015 **142.75

**DO NOT WRITE
IN THIS SPACE**

3/3/08

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:

SURE: *AM TH*

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

2/29/08

Date _____

Daytime Phone # _____