

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051536

Entity Name: US ONE LLC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10910 SW CANDLEWOOD RD.  
PORT ST. LUCIE, FL 34987 US

**New Principal Place of Business:**

**Current Mailing Address:**

10910 SW CANDLEWOOD RD.  
PORT ST. LUCIE, FL 34987 US

**New Mailing Address:**

FEI Number: 37-1508641

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDREWS, JAMES H JR  
10910 SW CANDLEWOOD RD.  
PORT ST. LUCIE, FL 34987 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  
Name: JAMES H ANDREWS REVOCABLE LIVING TRUST  
Address: 10910 SW CANDLEWOOD RD  
City-St-Zip: PORT ST. LUCIE, FL 34987

Title: MGR  
Name: GITTINGS, ROBERT L  
Address: 840 S. EDGEWOOD AVE., SUITE 216  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR  
Name: JAMES, CLEMONS L  
Address: 4538 ORTEGA FOREST DR.  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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: JAMES H. ANDREWS, JR.

MGRM

04/18/2011

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