

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060352

Entity Name: THE SQUARE GROUP, LLC

FILED
Apr 09, 2008
Secretary of State

Current Principal Place of Business:

1947 HIGHWAY 98 WEST
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 127
KINGSTON SPRINGS, TN 37082

New Mailing Address:

FEI Number: 20-1494023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, BARBARA
80 MARKET ST.
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

MARXSEN, PAUL
108 SE AVE B
CARRABELLE, FL 32322 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: PAUL MARXSEN

04/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DANIEL, JOHN PAUL
Address: 530 MT. PLEASANT ROAD
City-St-Zip: KINGSTON SPRINGS, TN 37082

Title: MGRM () Delete
Name: MCFARLAND, JANICE
Address: 280 MULBERRY CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: SOLBURG, ALAINE
Address: 7595 SMITH CREEK HWY
City-St-Zip: SOPCHOPPY, FL 32358 US

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: JOHN PAUL DANIEL

MGRM

04/09/2008

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