

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90117 023 ****50.00

DOCUMENT # L04000071990

1. Entity Name
INTERIM HOLDINGS LLC



Principal Place of Business
**2901 SOUTH BAYSHORE DR
UNIT # 15B
COCONUT GROVE, FL 33133**

Mailing Address
**50 PORTLAND PIER
SUITE 400
PORTLAND, ME 04101**

60049954



2. Principal Place of Business - No P.O. Box #
c/o Capital Servicing, Inc.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5217 McKinney Ave, Ste 208

City & State

City & State

Dallas, TX

Zip
75205

Country
USA

Zip

Country

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
COLPITTS, TODD W
50 PORTLAND PIER, SUITE 400
PORTLAND, ME 04101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LABRIE, SUSAN K
50 PORTLAND PIER, SUITE 400
PORTLAND, ME 04101** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WEST, THEODORE V
2901 S. BAYSHORE DR, #15B
COCONUT GROVE, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**c/o Capital Servicing, Inc. ☒ Change ☐ Addition
5217 McKinney Ave, Ste 208
Dallas, TX 75205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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: **Karen Nevers,**
Authorized Representative, 4/26/07 (207) 828-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #