2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# L04000084489

Entity Name: NEWELL & ASSOCIATES, LLC

Current Principal Place of Business:

5698 WOLF CREEK DRIVE
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

5698 WOLF CREEK DRIVE
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 20-1907304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NEWELL, CLAUDIA
5698 WOLF CREEK DRIVE
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

NEWELL, CLAUDIA A MS
5698 WOLF CREEK DRIVE
JACKSONVILLE, FL 32222 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: CLAUDIA A. NEWELL 01/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NEWELL, CLAUDIA
Address: 5698 WOLF CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES:

Title: ASST (X) Change ( ) Addition
Name: NEWELL, WILLIAM J MR
Address: 5698 WOLF CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32222

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: WILLIAM J. NEWELL ASST 01/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date