

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090457

FILED
Jul 08, 2008
Secretary of State

Entity Name: THE LAW OFFICE OF CHARLES S. PHILIPS, PLC

Current Principal Place of Business:

9020 RANCHO DEL RIO DRIVE
120
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

9400 RIVER CROSSING BLVD
103
NEW PORT RICHEY, FL 34655

Current Mailing Address:

9020 RANCHO DEL RIO DRIVE
120
NEW PORT RICHEY, FL 34655

New Mailing Address:

9400 RIVER CROSSING BLVD
103
NEW PORT RICHEY, FL 34655

FEI Number: 20-2065454 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WARD, R. CARLTON
1253 PARK STREET
RICHARDS, GILKEY, FITE, ET. AL.
CLEARWATER, FL 33756 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: MGR () Delete
Name: PHILIPS, CHARLES S
Address: 9020 RANCHO DEL RIO DR #120
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PHILIPS, CHARLES S
Address: 9400 RIVER CROSSING BLVD #103
City-St-Zip: NEW PORT RICHEY, FL 34655

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: CHARLES S. PHILIPS

MGR

07/08/2008

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