## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE

## May 14, 2008 8:00 am Secretary of State **DOCUMENT # L04000091905** 05-14-2008 90080 024 \*\*\*138.75 1. Entity Name SEFFNER PARSONS GROUP LLC Principal Place of Business Mailing Address 60041077 1301 BEVILLE ROAD 1301 BEVILLE ROAD UNIT 7 UNIT 7 DAYTONA, FL 32119 DAYTONA, FL 32119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1898 S Clyde Morris Blvd 1898 S Clyde Morris Blvd Suite, Apt. #, etc Suite, Apt. #, etc 04112008 Chg-LLC CR2E083 (12/06) Suite 500 Suite 500 City & State City & State 4. FEI Number Applied For Daytona Beach, FL Daytona Beach, FL 74-3142869 Not Applicable Zip 32119 Country Volusia Country \$5.00 Additional 5. Certificate of Status Desired Volusia 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMENDOLAGINE, MARILYN Street Address (P.O. Box Number is Not Acceptable) 1301 BEVILLE ROAD **UNIT 7** 1898 S Clyde Morris Blvd Suite 500 DAYTONA, FL 32119 Zip Code 32119 City Daytona Beach 8. The above named entity submits this statement for the purpose of pchanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent No. FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State \*MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. **MGRM** TITLE Delete TITLE Change ☐ Addition MGRM AMENDOLAGINE, MICHAEL A NAME NAME Amendolagine, Michael 1301 BEVILLE ROAD UNIT 7 1898 S Clyde Morris Blvd Suite 500 STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32119 CITY-ST-ZIP DAYTONA, FL 32119 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition MGRM AMENDOLAGINE, MARILYN NAME NAME Amendolagine, Marilyn 1301 BEVILLE ROAD UNIT 7 1898 S Clyde Morris Blvd Suite 500 STREET ADDRESS STREET ADORESS Daytona Beach, FL 32119 CITY-ST-ZIP DAYTONA, FL 32119 CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition MLE. ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED