## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000010241**

1. Entity Name
POLITICAL SUCCESS, L.L.C.



FILED Apr 23, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1595 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952 1595 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL. 34952



## DO NOT WRITE IN THIS SPACE

04172007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
51-0536946 Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

FARRELL, DOUGLAS L 1595 S.E. PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or both, in the S	tate of Florida. 1 am familiar with, and accept
SIGNATURE.			
···	Signature, typed or printed name of registered agent and trile if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	FARRELL, DOUGLAS L		
STREET ADDRESS	1595 S.E. PORT ST. LUCIE BOULEVARD		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	i	

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

NAME

TO NOT WRITE
IN THIS SPACE

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 (lability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME

NAME

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PENTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-07

172-337-0049

Deytme Phone #