2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000014668** 

1. Entity Name

LESS IS MORE, L.L.C.

Principal Place of Business
427 MCKENZIE AVENUE

PANAMA CITY, FL 32401

Mailing Address

427 MCKENZIE AVENUE PANAMA CITY, FL 32401 FILED Jan 11, 2008 08:00 A Secretary of State



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01072008 No Chg-LLC

4. FEI Number Applied For 20-4618244 Not Applied be

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (12/07)

6. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J 427 MCKENZIE AVENUE PANAMA CITY, FL 32401 DO NOT WRITE IN THIS SPACE

| 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 little if applicable

(NOTE: Registered Agent signature required when reinstating

DATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 1                                     |  |
|---------------------------------------|--|
| 9.                                    | MANAGING MEMBERS/MANAGERS  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>SLOAN, TIMOTHY J<br>427 MCKENZIE AVENUE<br>PANAMA CITY, FL 32401            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HUNNICUTT, JAMES M 8317 FRONT BEACH ROAD, SUITE 10 PANAMA CITY BEACH, FL 32408 |
| NAME STREET ADDRESS CITY-ST-ZIP       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |
| TITLE NAME STREET ADDRESS             |  |

/ U00000780608 01/15/08-80001-004 133.75

## DO 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1/10/08

850-769.2501

Daytime Phone #