

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030605

**FILED**  
**Jan 17, 2008**  
**Secretary of State**

**Entity Name:** THE ARMBRUSTER GROUP, LLC

**Current Principal Place of Business:**

4015 W. 27TH COURT  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

4301 JAN COOLEY DR  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

4015 W. 27TH COURT  
PANAMA CITY, FL 32405

**New Mailing Address:**

4301 JAN COOLEY DR  
PANAMA CITY BEACH, FL 32408

**FEI Number:** 20-2580370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMBRUSTER, VICKY R  
4015 W. 27TH COURT  
PANAMA CITY, FL 32405 US

**Name and Address of New Registered Agent:**

ARMBRUSTER, VICKY R  
4301 JAN COOLEY DR  
PANAMA CITY BEACH, FL 32408 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:**

01/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ARMBRUSTER, VICKY R  
**Address:** 4015 W 27TH COURT  
**City-St-Zip:** PANAMA CITY, FL 32405

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** ARMBRUSTER, VICKY R  
**Address:** 4301 JAN COOLEY  
**City-St-Zip:** PANAMA CITY BEACH, FL 32408

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:** VICKY R ARMBRUSTER

MGM

01/17/2008

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