

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90040 038 \*\*\*\*50.00

DOCUMENT # L05000041547

1. Entity Name  
SD GROUP, LLC



Principal Place of Business Mailing Address  
1201 1st STREET NORTH, #1101  
JACKSONVILLE BEACH, FL 32250

SAME

40088513



04132007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2830623

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUMBERLAND, HEATHER M  
115 PROFESSIONAL DRIVE  
101  
PONTE VEDRA BEACH, FL 32082

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM *Managing Member*  
NAME VORMACK, DAVID  
STREET ADDRESS 1201 1st STREET NORTH, #1101  
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE MGRM *Managing Member*  
NAME WORLEY, STEVEN  
STREET ADDRESS 13225 SCOTTISH HUNT LANE  
CITY-ST-ZIP BRISTOW, VA 20136

TITLE MGR *Managing Member*  
NAME PATTERSON, ROBERT S  
STREET ADDRESS 18 SUMMER BREEZE COURT  
CITY-ST-ZIP STERLING, VA 20165

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

4/17/07

Date

313 995 8862

Daytime Phone #