

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90066 049 \*\*\*138.75

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|--|--|--|--|---|---|
| <b>DOCUMENT # L05000072811</b><br>1. Entity Name<br>307 ING, LLC   |  |  |  |   |   |
| Principal Place of Business<br>225 EAST LEMON STREET<br>SUITE 351<br>LAKELAND, FL 33801  |  |  | Mailing Address<br>POST OFFICE BOX 2808<br>LAKELAND, FL 33806-2808 |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>336 W. HIGHLAND DRIVE</b><br><small>Suite, Apt. #, etc.</small><br><b>SUITE 4</b><br><small>City &amp; State</small><br><b>LAKELAND, FLORIDA</b><br><small>Zip Country</small><br><b>33813 POLK</b>   |  | 3. Mailing Address<br><b>336 W. HIGHLAND DRIVE</b><br><small>Suite, Apt. #, etc.</small><br><b>SUITE 4</b><br><small>City &amp; State</small><br><b>LAKELAND, FLORIDA</b><br><small>Zip Country</small><br><b>33813 POLK</b> |  | 03262008 Chg-LLC CR2E083 (12/06)  |   |
| 4. FEI Number<br>20-3544310  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |  |  | 6. Name and Address of Current Registered Agent<br>WENDEL, JOHN F<br>WENDEL & CHRITTON, CHARTERED<br>225 EAST LEMON STREET, SUITE 351<br>LAKELAND, FL 33801   |   |
| 7. Name and Address of New Registered Agent<br>Name<br><b>WENDEL, JOHN F.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>336 W. HIGHLAND DRIVE</b><br><b>SUITE 4</b><br>City<br><b>LAKELAND</b> FL Zip Code<br><b>33813</b>   |  |  |  | 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  |  |  |  | DATE <b>4/22/08</b>   |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  | Make check payable to<br>Florida Department of State   |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>WENDEL, JOHN F<br>POST OFFICE BOX 2808<br>LAKELAND, FL 338062808 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>WENDEL, JOHN F.<br>336 W. HIGHLAND DRIVE<br>LAKELAND, FLORIDA 33813 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |
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| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |
| 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 TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE <b>JOHN F. WENDEL</b>   |  |  |  |   |   |
| DATE <b>4/22/08</b>  |  |  |  |   |   |
| Daytime Phone #  |  |  |  |   |   |