

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
17 Mar 06, 2008 8:00 am
Secretary of State

01-28-2008 90070 011 ***138.75

DOCUMENT # L05000081054					
1. Entity Name 356B LLC					
Principal Place of Business 237 SOUTH WESTMONTE DRIVE SUITE 220 ALTAMONTE SPRINGS, FL 32714			Mailing Address 237 SOUTH WESTMONTE DRIVE SUITE 220 ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMALLEY, GERALD M 237 SOUTH WESTMONTE DRIVE SUITE 220 ALTAMONTE SPRINGS, FL 32714				Name <u>Jerry Smalley</u> Street Address (P.O. Box Number if Not Acceptable) <u>237 S. Westmonte Drive</u> Suite <u>220</u> City <u>Altamonte Springs FL</u> Zip Code <u>32714</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>1/18/08</u> (NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERALD M. SMALLEY REVOCABLE TRUST. 237 SOUTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Suite 220			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE <u>1/18/08</u> Date Daytime Phone #	

30001304



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 61-1519269 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required