

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90404 023 ***138.75

DOCUMENT # L05000087203 1. Entity Name UNLIMITED ARC, LLC					
Principal Place of Business 3101 FEATHERWOOD COURT CLEARWATER, FL 33759 US			Mailing Address 2341 CHERYL RD LARGO, FL 33759 US		
2. Principal Place of Business - No P.O. Box # 451 CENTRAL PARK DRIVE		3. Mailing Address 451 CENTRAL PARK DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LARGO, FL		City & State LARGO, FL		4. FEI Number 20-3405851	
Zip 33771		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIZZLE, ANTHONY 3101 FEATHERWOOD COURT CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name DOUGLAS J. DAVENPORT Street Address (P.O. Box Number is Not Acceptable) 451 CENTRAL PARK DRIVE City LARGO FL 33771		
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><i>Anthony Grizzle</i></u> DATE <u>2-20-08</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
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	MGR GRIZZLE, ANTHONY 3101 FEATHERWOOD COURT CLEARWATER, FL 33759 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER DOUGLAS J. DAVENPORT 451 CENTRAL PARK DRIVE LARGO, FL 33771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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><i>Douglas J. Davenport</i></u> <u>2/20/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					