2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2008 08:00 A Secretary of State

ANNOAL REPORT			_	14, 2000 00
DOCUMENT # L0500 1. Enlity Name ACTION RESALES LLC	00118686		Se	ecretary of S
Principal Place of Business	Mailing Address			
3361 U S HWY 92 E LAKELAND, FL 33801	3361 U S HWY 92 E Lakeland, FL 33801			
AA 21A W 1831	· · · · · · · · · · · · · · · · · · ·		02132008No Chg-LLC	CR2E083 (12/07)
	rite in This Spi	W	4. FEI Number	Applied For
			20-3932793 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required
6. Name and Address o	f Current Registered Agent		namen Brans and Artistan State (1985)	
GREENE, NADINE N 1610 SCHALAMAR CREEK DR LAKELAND, FL 33801			DO NOT WRI	발하로 하용하는 학교회를 발발했다면
The above named entity submits this st the obligations of registered agent.	atement for the purpose of changing its regis	tered office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

SIGNATURE:

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

U00000858759 04/01/08-80056-024 138.75

Daytme Phone #

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	GREENE, NADINE N			
STREET ADDRESS	1610 SCHALAMAR CREEK DR			
CITY-ST-ZIP	LAKELAND, FL 33801			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS		DO NOT WRITE		
CITY-ST-ZIP		[2009] [2006] 등 발전 한 경기 (2006) 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등		
TITLE		IN THIS SPACE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
Crty-St-Zip				
TITLE				
NAME.				
STREET ADDRESS				
C(TY-ST-ZIP				
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE