


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90075 025 ***138.75

DOCUMENT # L05000119183	
1. Entity Name LAWGIC, LLC	

Principal Place of Business 2251 ST. JOHNS BLUFF ROAD, S. JACKSONVILLE, FL 32246 US	Mailing Address 2251 ST. JOHNS BLUFF ROAD, S. JACKSONVILLE, FL 32246 US
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2. Principal Place of Business - No P.O. Box # 35 Fairway Lane	3. Mailing Address 35 Fairway Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville Beach, FL	City & State Jacksonville Beach, FL
Zip 32250	Country US

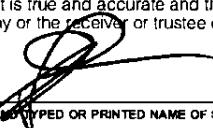
6. Name and Address of Current Registered Agent COLEMAN, C RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 450 JACKSONVILLE, FL 32256	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 obligation of the registered agent.	
SIGNATURE 	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREWELL, BRUCE		NAME	
STREET ADDRESS 2251 ST. JOHNS BLUFF RD S		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32246		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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: 	DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	
Daytime Phone #	

60008152



01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number
56-2308607

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