2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 04, 2008 8:00 am Secretary of State

DOCUMENT # L06000016668 1. Entity Name FLAGLER LEGAL GROUP, LLC						09-04-2008 9	90001 024 ***13	8.75	
Principal Place of Business 315 11TH STREET WEST PALM BEACH, FL 33401		Mailing Address 315 11TH STREET WEST PALM BEACH, FL 33401		 			9001006	19	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08282008	Chg-LLC	CR2E083 (12/0	5)		
City & State		City & State		4. FEI Numb 20-435		├ ─-	Applied For Not Applicable		
Zip	Country	Country Zip Country		ntry	5. Certificate	e of Status Desired	□ \$5.00 A Fee Requ		
<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent		
OUARRIE AIGA O FOOLURE				Name John M. HOWE, P. A.					
315 11TH	, LISA G ESQUIRE			Street Addre					
	LM BEACH, FL 33401			Street Address (P.O. Box Number is Not Acceptable)					
1020117	EN BEACH, I'E 35401				V	<u> </u>			
	_			Citywes	st Palm &	beach	FL Zip &	Z40l	
	named entity submits this statement for	or the purpose of changing its	register	ed office or reg	istered agent, or bo	oth, in the State of Flo	orida. I am familiar wi	h, and accept	
the obligate	ions of registered agent					9	12/08		
	Signature, typed or printed name of registered agent	and title it applicable. (NOTE	: Registere	d Agent signature re	quired when reinstating)	4/	DATE		
Due by September 12, 2008 liability company did			. 607.193(2)(b), F.S., the not receive the prior no						
FILI Due	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s liability company did	s. 607.1 not red	193(2)(b), F.S ceive the prior	i., the limited r notice.		ce check payable to a Department of St		
FILI Due	E NOW!!! FEE IS \$138.75 by September 12, 2008	liability company did	s. 607.1 not red	193(2)(b), F.S ceive the prior	i., the limited r notice.		a Department of St		
Due	MANAGING MEMBE	liability company did ERS/MANAGERS Delete	not red	ceive the prior	t, the limited r notice.	Florida	a Department of St	ate	
9. TITLE	MANAGING MEMBE MGR LAW OFFICES OF SHANNON N	liability company did ERS/MANAGERS Delete	10.	E	, the limited r notice.	Florida	a Department of St	ate	
9. Title NAME STREET ADDRESS	MANAGING MEMBE MGR LAW OFFICES OF SHANNON N 315 11TH STREET	liability company did ERS/MANAGERS Delete M. MAHONEY, P.A.	10. TITLI NAM	E EET ADDRESS	, the limited r notice.	Florida	a Department of St	ate	
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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:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/2/88 (54)/659-44/4 Daytime Phone #