2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 07, 2007 8:00 am Secretary of State DOCUMENT # L06000020299 1. Entity Name 02-15-2007 90277 038 ****50.00 G. M. SPIVEY & ASSOCIATES, LLC Principal Place of Business Mailing Address 4750 CASTLEWOOD ROAD SEFFNER FL 33584 US 4750 CASTLEWOOD ROAD SEFFNER FL 33584 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For Not Applicable Zip Country Country Zıp \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIVEY, GLORIA M Street Address (P.O. Box Number is Not Acceptable) 4750 CASTLEWOOD ROAD SEFFNER FL 33584 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 obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and tills if applicable (NOTE: Registered Agent ognature required when resistating) DATÉ FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10, 9. DHE HITEE ☐ Delete ☐ Chance Ocilibba 🔲 MGRM SPIVEY, GLORIA M NAME STREET ADDRESS STREET ADDRESS 4750 CASTLEWOOD ROAD CITY-ST-ZIP SEFFNER FL 33584 CITY ST /IP Delete ☐ Change ■ Addition HILL HILLE NAMI STRUCT ADDRESS STREET LADORESS CITY SI-ZIP CMY-ST-7P 10111 Delete III fi Change ■ Addition NAME NAME CHAILT LADINGS CO. STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete HIRE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City+SE-ZIP CITY ST. 7IP and ☐ Delete 71111 ☐ Change ☐ Addition NAME: NAME STREET ADORESS SIDECT ADDRESS CITY SI-ZIP CITY - S1 - ZIP Delete THILE Change ☐ Addition tille NAME NAM STRUTT ADDRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 trusted expound this report as required by Chapter 608, Florida Statutes. SIGNATURE: ANAGED OR AUTHORIZED DEPRESENTATIVE

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