

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90047 009 ***138.75

DOCUMENT # L06000020517

1. Entity Name
IN THE MONEY, LLC



Principal Place of Business
**3540 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33406**

Mailing Address
**3540 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33406**

60030292



2. Principal Place of Business - No P.O. Box #
465 Orrick Lane

3. Mailing Address
465 Orrick Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242008 Chg-LLC CR2E083 (12/06)

City & State
Greenville, TN

City & State
Greenville, TN

4. FEI Number
20-4678982

Applied For
Not Applicable

Zip
37743

Country

Zip
37743

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DENTRY, DEBORAH A
3540 FOREST HILL BLVD
203
WEST PALM BEACH, FL 33406**

Name
Clyde McNeal

Street Address (P.O. Box Number is Not Acceptable)
3601 Corporate Way #210

City **W Palm Beach** FL Zip Code **33407**

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]

Clyde McNeal

4/24/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **MGRM** ☐ Delete
NAME **DENTRY BAGGETT, DEBORAH A**
STREET ADDRESS **3540 FOREST HILL BLVD #203**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☒ Change ☐ Addition
NAME **465 Orrick Lane**
STREET ADDRESS **Greenville, TN 37743**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MCNEAL, CLYDE**
STREET ADDRESS **269 SEDONA WAY**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **LEE, ROBERT A**
STREET ADDRESS **3540 FOREST HILL BLVD #203**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☒ Change ☐ Addition
NAME **6950 Cleary Pines Trail**
STREET ADDRESS **W Palm Beach, FL 33413**
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **MICKLE, JAMIE C**
STREET ADDRESS **3096 EL CAMINO REAL**
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature] **Deborah A Dentry**

4/24/06 5614334810

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

Date

Daytime Phone #