

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022841

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: PHOENIX GROUP HOLDING, LLC

**Current Principal Place of Business:**

597 E ORANGE AVE  
LONGWOOD, FL 34744 US

**New Principal Place of Business:**

2656 HASKILL HILL ROAD  
APOPKA, FL 32712 US

**Current Mailing Address:**

P O BOX 520666  
LONGWOOD, FL 32752 US

**New Mailing Address:**

FEI Number: 20-4454461      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROFESSIONAL ACCOUNTANTS & CONSULTANTS INC  
2471 E SEMORAN BLVD  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AGUILAR, ELVIN  
Address: 597 E ORANGE AVE  
City-St-Zip: LONGWOOD, FL 34744 US

Title: MGR ( ) Delete  
Name: CRESPO, ZAIDA  
Address: 597 E ORANGE AVE  
City-St-Zip: LONGWOOD, FL 34744 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AGUILAR, ELVIN  
Address: 2565 HASKILL HILL ROAD  
City-St-Zip: APOPKA, FL 32712 US

Title: MGR (X) Change ( ) Addition  
Name: CRESPO, ZAIDA  
Address: 2565 HASKILL HILL ROAD  
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELVIN AGUILAR

MGR

04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date