

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90029 021 \*\*\*138.75

**60031630**



01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-4423012  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

PARRAMORE, MARTHA D  
38 NORTH ST  
QUINCY, FL 32351

## 7. Name and Address of New Registered Agent

Name  
**KATHY L. Parramore**  
Street Address (P.O. Box Number is Not Acceptable)  
**3804 Castleberry Dr.**  
City  
**Tallahassee** FL Zip Code  
**32303**

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 Kathy L. Parramore **KATHY L. Parramore** 1/15/08  
Signature, typed 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PARRAMORE, KATHY L  
3804 CASTLEBERRY DRIVE  
TALLAHASSEE, FL 32303 ☐ Delete **K.P.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PARRAMORE, MARTHA D  
308 NORTH ST  
QUINCY, FL 32351 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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## 10. ADDITIONS/CHANGES

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Kathy L. Parramore **KATHY L. Parramore** 1/15/08 (850) 933-6093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #