2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 09, 2007 8:00 am Secretary of State

					1	Secret	HI	_ ~ •	
1. Entity Nam	MENT # L06000029 TRANSMISSION, LLC	703				07-09-2007	•		
Principal Plac	e of Business	Mailing Address			401HV				
500 LAUREL		500 LAUREL AVE.			40-				
SANFORD, FI		SANFORD, FL 32771	US						
	2 22.7.	0 0, . 1 02							
						IENE GIN CEN EGN EGN			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007	Chg-LLC	CR2E083	3 (12/06)		
City & Stat	e	City & State			4. FEI Number	200-		Ap	plied For
					71-100	12890		No	t Applicable
Zìp	Country	Zip	Country		5 Certificate	of Status Desired	\$	5.00 Add	litional
				_	J. Certificate (or Status Desired	□ Fe	e Require	d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	ent	
			Name						
KERN, KENNETH C JR.			Street	Addross /	D.O. Day Niverba	r is Not Acceptable			
2118 MAP			Sileer	ruuress (i	r.O. BOX Numbe	is not Acceptable	;)		
SANFORL), FL 32771			·					
			City				FL	Zip Code	e
	named entity submits this statement for	or the purpose of changing its re	egistered office of	r register	ed agent, or both	n, in the State of Flo	rida. I am far	niliar with,	and accept
CIONATURE									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 14, 2007					Make check payable to Florida Department of State				
									9
Due t	by September 14, 2007	ERS/MANAGERS	10.		To-	Florida	Departmer		9
Due t	by September 14, 2007 MANAGING MEMBE		10.		e		Departmer CHANGES	t of State	
Due t	Manaa e!	Delete	10. TITLE NAME		120	Florida	Departmer CHANGES		Addition
9.	Manager Kenneth C. Kern	Delete	TITLE		i v	Florida	Departmer CHANGES	t of State	
9. TITLE NAME	Manager Kenneth C. Kern, 2118 Maple Ave)r 🗆 Delete	TITLE NAME		-0-	Florida	Departmer CHANGES	t of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Kenneth C. Kern, 2118 Maple Ave Sanford, FL 327)r □ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		-0-	Florida	CHANGES	t of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Manager Kenneth C. Kern, 2118 Maple Ave Sanford, FL 327)r 🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		-0-	Florida	CHANGES	t of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Kenneth C. Kern, 2118 Maple Ave Sanford, FL 321 Manager Patov Kern)r □ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Florida	CHANGES	t of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Manager Kenneth C. Kern, 2118 Maple Ave Sanford, FL327 Manager Patsy Kern 2118 Maple Ave.	Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			Florida	CHANGES	t of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Kenneth C. Kern, 2118 Maple Ave Sanford, FL321 Manager Patoy Kern 2118 Maple Ave. Sanford, FL321	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Florida	CHANGES [Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Manager Kenneth C. Kern, 2118 Maple Ave Sanford, FL321 Manager Patoy Kern 2118 Maple Ave. Sanford, FL321	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Florida	CHANGES [t of State	☐ Addition
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Kenneth C. Kern, 2118 Maple Ave Sanford, FL327 Manager Patsy Kern 2118 Maple Ave. Sanford, FL32	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			Florida	CHANGES [Change Change	Addition Addition
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11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u> 7-2-07</u>

407-323-747