2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State
02-04-2008 90132 017 ***138.75

DOCUMENT # L06000029747

1. Entity Name
LISA WILCOX, LLC

Principal Place of Business	Mailing Address
~~2780 SKIPIKS WAY~~ ~~LOXAHATCHEE, FL 33470 US~~	P.O. BOX 1449 LOXAHATCHEE, FL 33470

01182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3850 DUELLANT RD.			
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: LOXAHATCHEE, FL.		City & State	
Zip: 33470	Country: U.S.	Zip	Country

4. FEI Number: 20-4539855 ☐ Applied For ☐ Not Applicable

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
WILCOX, LISA ~~2780 SKIPIKS WAY~~ ~~LOXAHATCHEE, FL 33470~~	Name: LISA WILCOX Street Address (P.O. Box Number is Not Acceptable): 3850 DUELLANT RD. City: LOXAHATCHEE FL Zip Code: 33470

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: LISA WILCOX ✓ [signature] ✓ 1/31/08
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILCOX, LISA ~~201 SOUTH NARCISSUS AVE # 901~~ ~~WEST PALM BEACH, FL 33401~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3850 DUELLANT RD LOXAHATCHEE, FL. 33470	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] LISA WILCOX ✓ 1/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #