2008 LIMITED LIABILITY COMPANY

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TITLE. NAME

STREET ADDRESS CITY-ST-ZIP

Feb 12, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L06000040481** 02-12-2008 90066 019 ***138.75 MYERS MEDIATIONS, PLLC Mailing Address Principal Place of Business PO BOX 57175 PO BOX 57175 JACKSONVILLE, FL 32241-7175 JACKSONVILLE, FL 32241-7175 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 Chg-LLC CR2E083 (12/06) Applied For 4 FFI Number City & State City & State 20-4707929 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYERS, M. WAYNE Street Address (P.O. Box Number is Not Acceptable) 2619 TACITO TRAIL JACKSONVILLE, FL 32223 City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to 🔭 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM ☐ Change ☐ Addition Delete TITI F TITLE MYERS, M. WAYNE . NAME MYERS, WAYNE M NAME STREET ADDRESS 2619 TACIYA TR. STREET ADDRESS JACKSONVILLE, FL 32223 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP

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■ Addition

11. Thereby 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.

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE:	m. Jame me	M. WATRE MYERS	2/4/08	9 64 262 - 1 00
SYNATING AND TYPES OF DEPOTE NAME OF SYNING MANAGING MEMBER MANAGED OF AUTHORIZED DEPOSES STATING			Date	Daytime Phone #