

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000042870

1. Entity Name
110%, LLC



Principal Place of Business
1923 ROTHBURY DRIVE
JACKSONVILLE, FL 32221

Mailing Address
1923 ROTHBURY DRIVE
JACKSONVILLE, FL 32221



04232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4802924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, PETE
1923 ROTHBURY DRIVE
JACKSONVILLE, FL 32221

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WHEELER, PETE
STREET ADDRESS 1923 ROTHBURY DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE MGRM
NAME BUENING, JOHN W
STREET ADDRESS 1923 ROTHBURY DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE MGRM
NAME BUENING, JOHN E
STREET ADDRESS 1923 ROTHBURY DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE MGRM
NAME FARRIS, BILL L
STREET ADDRESS 1923 ROTHBURY DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000921481
05/15/08-80008-013 138.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/23/08

904/7839393

Date

Daytime Phone #