## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

## Jan 24, 2008 8:00 am **Secretary of State** DOCUMENT # L06000046198 01-24-2008 90067 036 \*\*\*138.75 SUPPORTIVE SOLUTIONS LLC Mailing Address Principal Place of Business OUUUUZVV 9388 48TH STREET 9388 48TH STREET HVE-DAK, FL -32060---- US-LIVE-OAK, FL-32060 --- US 312 N. OHIO AVENUE 312 N. OHIO AVENUE LIVE OAK, FL 32064 LIVE OAK, FL 32064 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 CR2E083 (12/06) Chg-LLC City & State Applied For City & State 4. FEI Number 20-4828782 Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STARLING, ANGELA D **9388 48TH STREET** Street Address (P.O. Box Number is Not Acceptable) LIVE OAK, FL 32060 City Zip Code FL 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 SIGNATURE 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 ADDITIONS/CHANGES 10. MCRM TITLE ☐ Delete MLE Addition ☐ Change NAME STARLING, ANGELA D MAME STREET ADDRESS **9388 48TH STREET** STREET ADDRESS LIVE OAK, FL 32060 CYTY-ST-7IP CITY-ST-ZIP MLE ☐ Delete ITILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-SI-7P ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Detete 7TD F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flability company of the receiver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

ANGELA D. STARLING, MGRM ER. MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED