FILED
May 23, 2008 8:00 am
Secretary of State

04-21-2008 90313 042 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000059344

1. Entity Name
TALENT LED, LLC

30007344

04052008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
13013 MULBERRY PARK DRIVE #212 ORLANDO, FL 32821 US	13013 MULBERRY PARK DRIVE #212 ORLANDO, FL 32821 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: APPLIED FOR 51-0607042(?) ☐ 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
STACKPOLE, SUSAN L 13013 MULBERRY PARK DRIVE #212 ORLANDO, FL 32821	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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] (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 STACKPOLE, SUSAN L 13013 MULBERRY PARK DRIVE, #212 ORLANDO, FL 32821 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Susan L. Stackpole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT 30007344
#L06000059344

Susan L Stackpole
13013 Mulberry Park Drive 212; Orlando, FL 32821
(407) 827-0546; susanstackpole@yahoo.com

19 May 2008

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

Dear Florida Department of State,

Thank you for contacting me regarding my business report.

Please note my Federal Employer Identification Number is **51-0670423.**

I apologize for any inconvenience my error has caused. Thank You for taking time to notify me and allow me to correct the error.

Please notify me if any further information is required.

Thank You.

Sincerely,

Susan L. Stackpole

Susan L. Stackpole