


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/ **FILED**
Apr 06, 2007 8:00 am
Secretary of State

03-14-2007 90211 031 ****55.00

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|--|---|--|--|--|---|
| DOCUMENT # L06000065781 | | | |  | |
| 1. Entity Name SUCCESS IN-FORMATION LLC | | | | | |
| Principal Place of Business 526 1/2 15TH NE SAINT PETERSBURG, FL 33731 | | | Mailing Address P.O. BOX 1143 ST. PETERSBURG, FL 33731 | | |
| 2. Principal Place of Business - No P.O. Box # 9840 60th Street N | | 3. Mailing Address 9840 60th St. N. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Pinellas Park FL | | City & State Pinellas Park FL | | 4. FEI Number 61-1448706 | |
| Zip 33782 | | Country Pinellas | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 33782 | | Country Pinellas | | 02272007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent KEISER, SARAH 4405 14TH ST. W BRADENTON, FL 34207 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KEISER, SARAH P.O. BOX 1143 SAINT PETERSBURG, FL 33731 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Anthony May Michael E. Harshbarger 6204 91st St E. Bradenton FL 34207 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Anthony May Patricia J. Harshbarger 6204 91st St E Bradenton FL 34207 |
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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 606, Florida Statutes. | | | | | |
| SIGNATURE: Sarah Keiser | | | Date: 2/27/07 | | Daytime Phone #: 941-301-1565 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |