

## Daytime Phone #

**Jul 22, 2008 08:00 AM**  
**Secretary of State**

7172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
NOT APPLICABLE

|                |
|----------------|
| Applied For    |
| Not Applicable |

### 5. Certificate of Status Desired

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

HENSON, JAMES  
880 WORTHINGTON CT.  
OVIEDO, FL 32765

**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)

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

07/22/08-80014-001 138.75

**9. MANAGING MEMBERS/MANAGERS**

|                |                     |
|----------------|---------------------|
| TITLE          | MGRM                |
| NAME           | HENSON, GRETCHEN    |
| STREET ADDRESS | 880 WORTHINGTON CT. |
| CITY-ST-ZIP    | OVIEDO, FL 32765    |

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 608, Florida Statutes.

**SIGNATURE:**

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

Date \_\_\_\_\_

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