

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085668

Entity Name: ONE LESS REASON, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

516 BLOOMINGDALE DRIVE
DAVENPORT, FL 338972421 US

New Principal Place of Business:

11223 IVY DRIVE
ARLINGTON, TN 38002 US

Current Mailing Address:

PO BOX 157
WINTER PARK, FL 327900157 US

New Mailing Address:

FEI Number: 20-5500163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS ANDREW PLAYER, P.A.
698 NORTH MAITLAND AVENUE
MAITLAND, FL 327514423 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, CHRISTOPHER C
Address: 516 BLOOMINGDALE DRIVE
City-St-Zip: DAVENPORT, FL 338972421 US

Title: MGRM () Delete
Name: DYER, JASON A
Address: 516 BLOOMINGDALE DRIVE
City-St-Zip: DAVENPORT, FL 338972421 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DYER, JASON A
Address: 11223 IVY DRIVE
City-St-Zip: ARLINGTON, TN 38002 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON DYER

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date