

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088413

FILED
May 19, 2008
Secretary of State

Entity Name: STATION CUT, LLC

Current Principal Place of Business:

6 EAST STATION STREET
APOPKA, FL 32703 US

New Principal Place of Business:

333 HEART BV
ORLANDO, FL 32835 US

Current Mailing Address:

6 EAST STATION STREET
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 20-5885008 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:

LINARES, EDICTA
6 EAST STATION STREET
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS
2471 E SEMORAN BLVD
APOPKA, FL 32703 US

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: DANIEL ALVAREZ

05/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LINARES, EDICTA
Address: 6 EAST STATION STREET
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM () Delete
Name: BETANCOURT, PEDRO A
Address: 6 EAST STATION STREET
City-St-Zip: APOPKA, FL 32703 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LINARES, EDICTA
Address: 333 HEART BV
City-St-Zip: ORLANDO, FL 32835 US

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

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: EDICTA LINARES

MGR

05/19/2008

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