2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000090706

1. Entity Name
THE XPERIENCE GROUP LLC

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90023 003 ****50.00

				185	TIES!						
Principal Place of Business 1119 CLEAR CREEK CIRCLE CLERMONT, FL 34714		Mailing Address 1119 CLEAR CREEK CIRCLE CLERMONT, FL 34714				60041848					
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04252007	Chg-	LLC	CR2E0	083 (12/06)	
City & State		City & State				4. FEI Numb	82°	11751	1	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Countr	у		5. Certificat				\$5.00 Add	
6. Name and Address of Current Registered Agent						7. Name an	d Address	of New Re	gistered	Agent	•
				Name						-	
	ATE CREATIONS NETWORK DSPERITY FARMS ROAD #2:	at .				s (P.O. Box Number is Not Acceptable)					
PALM BEA	ACH GARDENS, FL 33410	∵. ¥									
		6	ŀ	City					FL	Zip Cod	e
	named entity submits this statement for	or the purpose of changing its	registered	d office o	r registere	d agent, or b	oth, in the S	State of Flori	ida. I am	familiar with,	and accept
	and an register of again.										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signat	ura required w	rhen reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State					9		
9. MANAGING MEMBE		ERS/MANAGERS	10.				ADDITIONS/CHANGES				
TITLE	MGR	Detete	TITLE		NICH	10450	H 111	lestm	ENT		Addition
NAME	NICHOLSON, MICHAEL		NAME	T ADDRESS	ENT	ERPR	12.EZ	120		CIRC	16
STREET ADDRESS CITY-ST-ZIP	1119 CLEAR CREEK CIRCLE CLERMONT, FL 34714		CITY-S		1119	RMO	AR	FLOA	θ \perp Δ		+714 +714
TITLE	MGR	☐ Detete	TITLE			IV (O	(O)	()	(1)	☐ Change	Addition
NAME	DEL-GUIDICE, JACQUELINE		NAME								
STREET ADDRESS	1119 CLEAR CREEK CIRCLE		STREET CITY-S	T ADDRESS							
CITY-ST-ZIP	CLERMONT, FL 34714		_	51-ZIP						☐ Change	Addition
NAME		☐ Delete	TITLE NAME							□ ruange	Audition
STREET ADDRESS			STREET	T ADDRESS							
CITY-ST-ZIP		in.	спу-5	ST-ZIP							
TITLE		☐ Delete	TITLE							☐ Change	Addition Addition
NAME STREET ADDRESS				NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-S								
TITLE	<u></u>	☐ Delete	TITLE					••		☐ Change	☐ Addition
NAME			NAME								
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP	1		CITY-S	ST-ZIP							

11. I hereby certify that the information supplied with this filling 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. 352-243-

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM M. NICHOLSON IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

5139

☐ Change

☐ Addition

Daytima Phone #