


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000097498		
1. Entity Name 3508, LLC		

Principal Place of Business 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712	Mailing Address 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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6. Name and Address of Current Registered Agent AYERS, VALERIE L 1900 SERPENTINE DRIVE SOUTH ST. PETERSBURG, FL 33712		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <i>MANAGING MEMBER AYERS, VALERIE L 1900 SERPENTINE DR. S. ST. PETERSBURG, FL 33712</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>400103591374 05/31/07--01007--012 **1100.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Valerie L. Ayers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date: <i>4/28/07</i> 727-215-4205 <small>Daytime Phone #</small>

FILED

2007 MAY 18 P 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242007 Chg-LLC CR2E083 (12/06)

4. FEI Number *20-5608658* Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required