## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 28, 2008 8:00 am Secretary of State

DOCUMENT # L06000099749  1. Entity Name REVERSE DIRECT LLC					01-28-2008	90071 008 ***14	13.75
Principal Place of Business  16723 DIPLOMAT DRIVE SPRING HILL, FL 34610  Mailing Address  16723 DIPLOMAT DRIVE SPRING HILL, FL 34610							
		v					
72. Principal Place of Business - No P.O. Box # 18. Mailing Address  15/20 County Line Rd Suite Apt # etc.							
Suite, Apt. #, etc.  Suite, Apt. #, etc.				012320	08 Chg-LLC	CR2E083 (12/06)	
City & State City & State			<u> </u>	4. FEI N			plied For
Spr. N9 h. 1 / July Spr. N9 h. 1/1		Zip / L	Country	E 0-435	696738	\$5.00 Add	t Applicable
3461		39610	YASC C	)	cate of Status Desired	Fee Require	d
6. Name and Address of Current Registered Agent Name				7. Name	and Address of New R	redistered Adent	
KEHOE & DEWEERD, CPA, PA 8833 HAWBUCK STREET TRINITY, FL 34655				ddress (P.O. Box N	(P.O. Box Number is Not Acceptable)		
I RINITY, I	-L 34000						
			City		FL Zip Code		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office o	r registered agent, o	r both, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				<b>I</b>	te check payable to a Department of State	e
After May	y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	10.		<b>I</b>	A Department of State	
9.	/ 1, 2008 Fee will be \$538.75  MANAGING MEMBE  MGRM		TITLE	MERM Henry De	ADDITIONS	/CHANGES	e Addition
After May	y 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	<del></del>	Henry De	ADDITIONS Ween duce to a MAY	A Department of State /CHANGES  Change	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM COCHRAN, HAROLD 16723 DIPLOMAT DRIVE	RS/MANAGERS	TITLE NAME STREET ADDRESS	Henry De 12801 SP Hudson, MGRM	ADDITIONS Ween d ICE GOOX WAY F1 3466	A Department of State /CHANGES  Change	
9. TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM COCHRAN, HAROLD 16723 DIPLOMAT DRIVE	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Henry De 12801 SP. Hudson, MGRM Jim Boso	ADDITIONS  Ween of ICEROX WAY FI 3466	A Department of State  /CHANGES    Change	<b>⊠</b> Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM COCHRAN, HAROLD 16723 DIPLOMAT DRIVE	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Henry De 12801 Sp. Hudson, MGRM Jim Basc 25 AHAST	ADDITIONS  Ween of ICEROX WAY FI 3466  Well asia Dr. S	A Department of State  /CHANGES    Change	<b>⊠</b> Addition
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In a lenerally certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Florida Statutes. If 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Herry became

SIGNATURE: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

122/2008 727-43