

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101255

Entity Name: STATE OF MINE, LLC

FILED
Jul 02, 2007
Secretary of State

Current Principal Place of Business:

8261 ELDORADO DRIVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

8261 ELDORADO DRIVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 20-5729209 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:

Name and Address of New Registered Agent:

BARAGONA, PATRICIA S
8261 ELDORADO DRIVE
PENSACOLA, FL 32506 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARAGONA, PATRICIA S
Address: 8261 ELDORADO DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: MGR () Delete
Name: SOUTHARDS, MARISSA R
Address: 4406 AMELIA COURT
City-St-Zip: LOUISVILLE, KY 40241

Title: MGR () Delete
Name: SOUTHARDS, BRIAN
Address: 4406 AMELIA COURT
City-St-Zip: LOUISVILLE, KY 40241

ADDITIONS/CHANGES:

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

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

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: PATRICIA S. BARAGONA

MGR

07/02/2007

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