## 2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT			
1. Entity Nam SEWING	MENT # L06000106888 SOLUTIONS/LLC		FILED Jul 24, 2008 08:00 AM Secretary of State
Principal Place of Business 1.332.07.12.7.7. Mailing Address			
399 STEWART DR.  SPECIALISE CONTROL OF CONTR			
DEFUNIAK SPRINGS, FL 32435 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
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			01/1200010 01g 2m3 014200 (1201)
	O NOT WRITE IN THIS SPA		4. FEI Number Applied For
			<b>84-1700185</b> Not Applicable
		·	5. Certificate of Status Desired 5.00 Additional
			Fee Required
6. Name and Address of Current Registered Agent			
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YANCEY, ROBERT LEE 399 STEWART DR.			DO NOT WRITE
DEFUNIAK SPRINGS, FL 32435			IN THE CRACE
			IN THIS SPACE
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 ( alist )			
Signature, typed or printed names regulatored agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
TO TOUGH #RIT OF THE BOTH AND THE PROPERTY OF			
FILE NOWIII FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
30 12 630	(ii) September 12, 2009 Inability Company Gorden rec	Zeive die piloi lioi	ice.
9. WANAGING MEMBERS/MANAGERS			
TITLE	MGRM		
NAME	YANCEY, ROBERT LEE	200	
STREET ADDRESS	328 HWY 90 EAST . /		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		
TITLE	MGRM	•	
NAME	YANCEY, NATALIA S		
STREET ADDRESS	328 HWY 90 EAST		U00000956186
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435		000000956186 07/24/08-80001-028 138.75
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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: Halest Courses			
SIGNA	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZE	O DESCEPTION	Date Daytime Phone *
	SIGNATURE AND TYPED OR PRINTED NAMES SIGNING MARAGING MEMBER, OR AUTHORIZE		Dayling I note 4