

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122401

Entity Name: MEDLOCK, GROUP, LLC

FILED  
Jun 02, 2008  
Secretary of State

**Current Principal Place of Business:**

115 JONAS ROAD  
CRESENT CITY, FL 32112 US

**New Principal Place of Business:**

2742 SEDGEFIELD AVENUE  
DELTONA, FL 32725 US

**Current Mailing Address:**

115 JONAS ROAD  
CRESENT CITY, FL 32112 US

**New Mailing Address:**

2742 SEDGEFIELD AVENUE  
DELTONA, FL 32725 US

FEI Number: 76-0845957      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:**

MEDLOCK, DONNA  
115 JONAS ROAD  
CRESENT CITY, FL 32112 US

**Name and Address of New Registered Agent:**

MEDLOCK, DONNA  
2742 SEDGEFIELD AVENUE  
DELTONA, FL 32725 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: DONNA MEDLOCK

06/02/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MEDLOCK, FRED  
Address: 115 JONAS ROAD  
City-St-Zip: CRESENT CITY, FL 32112 US

Title: MGRM ( ) Delete  
Name: MEDLOCK, DONNA  
Address: 115 JONAS ROAD  
City-St-Zip: CRESENT CITY, FL 32112 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MEDLOCK, FRED  
Address: 2742 SEDGEFIELD AVENUE  
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM (X) Change ( ) Addition  
Name: MEDLOCK, DONNA  
Address: 2742 SEDGEFIELD AVENUE  
City-St-Zip: DELTONA, FL 32725 US

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: DONNA MEDLOCK

MGRM

06/02/2008

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