

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006001

FILED
Sep 05, 2008
Secretary of State

Entity Name: TAYLOR'S HOLDING, LLC

Current Principal Place of Business:

142 S. FLAMINGO ROAD
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

142 S. FLAMINGO ROAD
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

ANTHONY S. ADELSON, P.A.
2100 E. HALLANDALE BEACH BLVD
#400
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

MORGANS FINANCIAL SERVICES
4111 STIRLING ROAD
202
FT LAUDERDALE, FL 33314 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: EARL MORGAN

09/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAYLOR, ANTHONY
Address: 142 S. FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MGRM () Delete
Name: TAYLOR, MORVA
Address: 142 S. FLAMINGO ROAD
City-St-Zip: PEMBROKE PINES, FL 33027 US

ADDITIONS/CHANGES:

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: ANTHONY TAYLOR

MGRM

09/05/2008

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