

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010328

Entity Name: LEMACKS LLC

FILED
May 08, 2008
Secretary of State

Current Principal Place of Business:

1506 A STONE ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1506 A STONE ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 20-1365071 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:

BENFIELD, RON
58 SIOUX CIRCLE
HAVANA, FL 32333 US

Name and Address of New Registered Agent:

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: MGRM (X) Delete
Name: LEMACKS, ROBERT DOUGLAS
Address: 1506 A STONE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Delete
Name: CAMPBELL, AARON
Address: 1506 A STONE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: ROGERS, IAN
Address: 1506 A STONE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

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: IAN ROGERS

MGRM

05/08/2008

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