


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90202 020 ***138.75

DOCUMENT # L07000017634 1. Entity Name M1 UNLIMITED LLC					
Principal Place of Business 5076 BARNEGAT PT RD ORLANDO, FL 32808 US			Mailing Address 7226 W. COLONIAL DRIVE BOX #419 UPS STORE 1473 ORLANDO, FL 32818 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5076 BARNEGAT PT RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO, FL		4. FEI Number 20-8449733	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 32808		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOCKHART, WILLIE 5076 BARNEGAT PT RD ORLANDO, FL 32808			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <i>Willie J. Lockhart</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%;"> MANAGING MEMBER </div> <div style="width: 30%;"> 3/4/08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCKHART, WILLIE 5076 BARNEGAT PT RD ORLANDO, FL 32808	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Willie J. Lockhart</i> WILLIE LOCKHART MANAGING MEMBER 3/4/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					