# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 22, 2008 8:00 am**
**Secretary of State**
04-30-2008 90033 042 ***138.75

DOCUMENT # L07000028452

1. Entity Name
STUDENTS COME FIRST LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 698 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33731 | P.O. BOX 3761<br>ST. PETERSBURG, FL 33731 |

30000110

04162008 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 6100-12th St. So. #119 | Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Petersburg | City & State: FL |
| Zip: 33705 County: Pinellas | Zip: 33705 Country: |

4. FEI Number: 41-2231950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOBLEY, LINDA
6100 12TH STREET, SO. 119
ST.PETERSBURG, FL 33705

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: Linda Mobley DATE: 4/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br>MOBLEY, LINDA<br>6100 12TH ST SO. #119<br>ST. PETERSBURG, FL 33705 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>LIVINGSTON, SHANEDA<br>6100 12TH ST SO #119<br>ST. PETERSBURG, FL 33705 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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:** Linda Mobley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #