

Apr 30 08 10:45a

S G PRESLEY AND CO INC AC

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

05-28-2008 90140 024 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L07000039368																																																																																																											
1. Entity Name DIVISION8CONSULTING, LLC																																																																																																											
2. Principal Place of Business - Not P.O. Box # SUITE 133, 1225 BENNETT DRIVE LONGWOOD, FL 32750			3. Mailing Address SUITE 133, 1225 BENNETT DRIVE LONGWOOD, FL 32750																																																																																																								
4. FEI Number 26 0184821																																																																																																											
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																											
City & State Longwood FL		City & State FL		City & State FL																																																																																																							
Zip 32750		Zip 32750		Zip 32750																																																																																																							
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE FL 33311			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.																																																																																																											
SIGNATURE: <u>John Sheehan</u> 4/30/08 (NOTE: If signed by agent, it must be accompanied by a power of attorney)																																																																																																											
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>SHEEHAN JOHN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SUITE 133, 1225 BENNETT DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LONGWOOD, FL 32750</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MANAGEMENT</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SUITE 133, 1225 BENNETT DRIVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LONGWOOD, FL 32750</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	SHEEHAN JOHN		NAME			STREET ADDRESS	SUITE 133, 1225 BENNETT DRIVE		STREET ADDRESS			CITY-STATE-ZIP	LONGWOOD, FL 32750		CITY-STATE-ZIP			TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MANAGEMENT		NAME			STREET ADDRESS	SUITE 133, 1225 BENNETT DRIVE		STREET ADDRESS			CITY-STATE-ZIP	LONGWOOD, FL 32750		CITY-STATE-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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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: <u>John Sheehan</u> 4/30/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																											

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