FILED
Mar 27, 2008 8:00 am
Secretary of State
02-21-2008 90068 050 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2.

DOCUMENT # L07000040327

1. Entity Name
DONALD W. GIFFIN, LLC

30002878

Principal Place of Business	Mailing Address
11414 SEMINOLE BLVD., #1 LARGO, FL 33778	11414 SEMINOLE BLVD., #1 LARGO, FL 33778

02182008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2791 Alexander Dr.	2791 Alexander Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33763 Country: Pinellas	Zip: 33763 Country: Pinellas

4. FEI Number 20-8951552 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GIFFIN, DONALD W
11414 SEMINOLE BLVD., #1
LARGO, FL 33778

7. Name and Address of New Registered Agent

Name: Giffin, Donald W.
Street Address (P.O. Box Number Is Not Acceptable): 2791 Alexander Dr.
City: Clearwater FL Zip Code: 33763

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 [signature] Donald W. Giffin 02/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Donald W. Giffin, President 2791 Alexander Dr. Clearwater, FL 33763 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] Donald W. Giffin 02/19/08 727-415-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #