

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

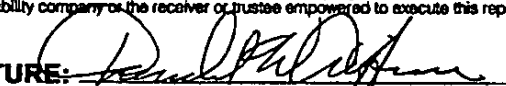
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Mar 27, 2008 8:00 am
Secretary of State

02-21-2008 90068 050 ***138.75

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02182008 Chg-LLC CR2E083 (12/08)

DOCUMENT # L07000040327			
1. Entity Name DONALD W. GIFFIN, LLC			
Principal Place of Business 11414 SEMINOLE BLVD., #1 LARGO, FL 33778		Mailing Address 11414 SEMINOLE BLVD., #1 LARGO, FL 33778	
2. Principal Place of Business - No P.O. Box # 2791 Alexander Dr.		3. Mailing Address 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 agents.			
SIGNATURE  Signature, typed or printed name of registered agent, if applicable.		DATE 02/19/08 (NOTE: Registered Agent signature required when retreating)	
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
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
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:  DONALD W. GIFFIN		DATE: 02/19/08 727-415-4719	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	