## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 21, 2008 8:00 am Secretary of State DOCUMENT # L07000042301 04-21-2008 90313 009 \*\*\*138.75 NEUTRAL7 DESIGN GROUP, LLC Principal Place of Business Mailing Address 60025918 1832 NW 10TH AVE 1832 NW 10TH AVE GAINESVILLE, FL 32605 GAINESVILLE, FL 32605 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2444 ne 1st 6/ vd 2444 ne 1st blud Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Chg-LLC CR2E083 (12/06) Ste 700 Ste 700 City & State City & State Applied For 4. FEI Number Gainesville Gainesville Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired <u>32609</u> Fee Required 32<u>609</u> U.5 A US.A 6. Name and Address of Current Registered Agent 7. Hame and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zin 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 Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to: Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE MILE ☐ Addition ☐ Delete ☐ Channe CORONEL, ALBERT NAME NAME STREET ADDRESS 1832 NW 10TH AVE STREET ADDRESS GAINESVILLE, FL 32605 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete П Сћалов □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

PED OR PRINTED NAME OF SA

**FILED**