2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2008
Secretary of State

DOCUMENT# L07000052968

Entity Name: 7L GROUP, LLC

Current Principal Place of Business:

6325 FERGUSON DRIVE
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

6325 FERGUSON DRIVE
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAY, LUTIMOTHY I SR.
1000 NORTH L STREET
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MAY, MARY J	
Address:	6325 FERGUSON DRIVE	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	MGRM	( ) Delete
Name:	MAY, LUTIMOTHY I SR.	
Address:	1000 NORTH L STREET	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	MGRM	( ) Delete
Name:	MAY, LORRAINE Z	
Address:	1505 NORTH J STREET	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	MGRM	( ) Delete
Name:	MAY, LUMON J SR.	
Address:	1525 NORTH J STREET	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	MGRM	( ) Delete
Name:	MAY, LADONNA Y	
Address:	6325 FERGUSON DRIVE	
City-St-Zip:	PENSACOLA, FL 32503 US	
Title:	MGRM	( ) Delete
Name:	MAY, LARUBY Z	
Address:	2321 GOOD HOPE COURT SE #404	
City-St-Zip:	WASHINGTON, DC 20020 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORRAINE MAY MGRM 09/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date