2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L07000056904

Entity Name: FLORIDA RELOCATION OPTIONS, LLC

Current Principal Place of Business:

3560 CRUMP ROAD
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

2722 IMPALA LANE
KISSIMMEE, FL 34746 US

Current Mailing Address:

6039 CYPRESS GARDENS BLVD.
#117
WINTER HAVEN, FL 33884 US

New Mailing Address:

2722 IMPALA LANE
KISSIMMEE, FL 34746 US

FEI Number: 26-0449345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOFFORD, RAY
3560 CRUMP RD
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

GRAY, WAYNE
2722 IMPALA LANE
KISSIMMEE, FL 34746 US

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: WAYNE GRAY 04/23/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THE F.R.O. GROUP, LLC
Address: 3560 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRAY, WAYNE
Address: 2722 IMPALA LANE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM ( ) Change (X) Addition
Name: WOFFORD, ERNEST R
Address: 3560 CRUMP ROAD
City-St-Zip: WINTER HAVEN, FL 33881

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: WAYNE GRAY P 04/23/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date