
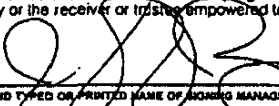


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

04-18-2008 90159 015 ***138.75

DOCUMENT # L07000057439					
1. Entity Name SELL IT QUICK, LLC					
Principal Place of Business 4844 WILD DOVE LANE SARASOTA, FL 34232			Mailing Address 4844 WILD DOVE LANE SARASOTA, FL 34232		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0263329	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04072008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELDMAN, MARC H 3908 26TH STREET WEST BRADENTON, FL 34205			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip 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 _____ (NOTE: Registered Agent signature required when re-registering) 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	50% member	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFREY S. BUCK		NAME		
STREET ADDRESS	4844 WILD DOVE LN.		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL 34232		CITY- ST- ZIP		
TITLE	50% member	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEAN FRANCOIS PICHEVIN		NAME		
STREET ADDRESS	8144 BARTON FARMS BLVD		STREET ADDRESS		
CITY- ST- ZIP	SARASOTA, FL 34240		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: 			4-14-08 (941) 724-4602		
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

State 30008390
#C07000057439

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 26-0263329 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested SELL IT QUICK LLC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 4844 WILD DOVE LN			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code SARASOTA FL 34232 -			5b City, state, and ZIP code		
6* County and state where principal business is located County SARASOTA State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor JEFFREY BUCK			7b* SSN, ITIN, EIN 400-88-6327		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises Group Exemption NO. (GEN) ▶					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ REAL ESTATE <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) JUN 1 2007			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0"</i> ▶			Agriculture 0		Household 0
14* Check box that best describes the principal activity of your business			Health care & social assistance		Wholesale-agent/broker
<input type="checkbox"/> Construction			<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Wholesale-other
<input checked="" type="checkbox"/> Real estate			<input type="checkbox"/> Accommodation & food service		
<input type="checkbox"/> Rental & leasing			<input type="checkbox"/> Retail		
<input type="checkbox"/> Manufacturing					
<input type="checkbox"/> Finance & insurance					
<input type="checkbox"/> Other (specify)					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. REAL ESTATE INVESTMENT					
16a* Has the applicant ever applied for an employer identification number for this or any other business? Yes <input checked="" type="checkbox"/> No					
<i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.					
Legal name ▶					
Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.					
Approximate date when filed (month, day, year)		City and state where filed		Previous EIN	
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name			Designee's telephone number (include area code)	
	Address and ZIP code			() - Designee's fax number (include area code) () -	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶ JEFFREY S BUCK				Applicant's telephone number (include area code) (941) 724 - 4602	
Signature ▶ Not Required				Applicant's fax number (include area code) () -	
Date ▶ May 31, 2007 GMT					