

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000070776

1. Entity Name
"FIRST STEP: THE EMPOWERMENT GROUP" LLC



FILED

2008 SEP 19 P 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
75-3254897

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FAYSON, LEE JR.
7785 POINTE VINCENTE COURT
JACKSONVILLE, FL 32265

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/12/08
DATE

FILE NOW!!! FEE IS
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FAYSON, LEE JR. ☐ Delete
STREET ADDRESS 7785 POINTE VINCENTE COURT
CITY-ST-ZIP JACKSONVILLE, FL 32265

TITLE MGRM
NAME PINKNEY, WILLIE E PH D ☐ Delete
STREET ADDRESS 1630 UNION STREET WEST
CITY-ST-ZIP JACKSONVILLE, FL 32209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200136271932
CITY-ST-ZIP 09/23/08--01051--001 **143.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SINGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/12/08

Date

Daytime Phone #

904/7621979