

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Sep 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90027 029 \*\*\*138.75

JUV11611

<b>DOCUMENT # L07000075176</b> 1. Entity Name <b>FLAT OUT, LLC</b>					
Principal Place of Business <b>702 GOLF POINT DRIVE WINTER SPRINGS, FL 32708</b>			Mailing Address <b>702 GOLF POINT DRIVE WINTER SPRINGS, FL 32708</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARSON, BOB 702 GOLF POINT DRIVE WINTER SPRINGS, FL 32708</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 renewing) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGRM BENSON, BOB 702 GOLF POINT DRIVE WINTER SPRINGS, FL 32708</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 have been duly empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			Date: <b>9/6/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					