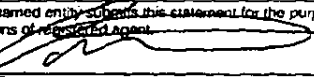


7/10/2

07-10-2008 90054 031 ***138.75

DOCUMENT # L07000078109			
1. Entity Name THE THIRKIELD GROUP, LLC			
Principal Place of Business 2251 NW 77 WAY 201 PEMBROKE PINES, FL 33024 US		Mailing Address 2251 NW 77 WAY 201 PEMBROKE PINES, FL 33024 US	
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
6. Name and Address of Current Registered Agent BRANKER, CARLTON R 2251 NW 77 WAY 201 PEMBROKE PINES, FL 33024		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:  (NOTE: Registered Agent signature required when relinquishing) Signature, typed or printed name of registered agent and title if applicable. DATE: 3/1/08			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
MGR BRANKER, CARLTON 2251 NW 77 WAY PEMBROKE PINES, FL 33024 ☐ Delete		☐ Change ☐ Addition	
MGR CRUMP, BENJAMIN L 240 N MAGNOLIA DRIVE TALLAHASSEE, FL 32310 ☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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:  DATE: 3/1/08 954-557-4016 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #			