## **2008 LIMITED LIABILITY COMPANY**

## DOCUMENT #1 07000085161



## **FILED** Mar 06, 2008 8:00 am Secretary of State

1. Entity Name BYERLY INVESTMENT GROUP, LLC					03-06-2008 90247 047 ***138.75			
Principal Place of Business 960 LIVE OAK PLANTATION ROAD TALLAHASSEE, FL 32312		Mailing Address 960 LIVE OAK PLANTATION ROAD TALLAHASSEE, FL 32312			vvv	46019		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Numi	~0743	<b>~)                                    </b>	pplied For ot Applicable
Zip	Country	Zip	Count	гу	5. Certificate	e of Status Desired	S \$5.00 Add	
6. Name and Address of Current Registered Agent					7. Name and	d Address of New Re	egistered Agent	
ANDREW	DVEDIV I	· -	j	Name ·· -			<del>-</del>	••
ANDREW, BYERLY J 960 LIVE OAK PLANTATION ROAD TALLAHASSEE, FL 32312				Street Address (P.O. Box Number is Not Acceptable)				
			Ī	City			FL Zip Cod	le
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 or registered agent a	nd the it applicable. (NOT	E: Registered	Agent signature required	when reinstating)	1	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						ľ	check payable to Department of State	<b>e</b>
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE				☐ Change	Addition
NAME	BYERLY, ANDREW J			i				_
STREET ADDRESS CITY-ST-ZIP				T ADDRESS				
TITLE	MGR		CITY-S	51-217				
NAME	BYERLY, BAXTER JR.	☐ Delete	TITLE				Change	Addition
STREET ADDRESS	05004 510			T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
TITLE	MGR	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	BYERLY, BAXTER			ŀ				
CITY-ST-ZIP				T ADDRESS ST-ZIP				
TITLE	MGR	Поли	_	51-207				
NAME	BYERLY, MARY ANN	☐ Deleta	TITLE Name				☐ Change	Addition
STREET ADDRESS	000 1 0 5 0 4 4 5 1 4 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1			ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-S	ST-ZIP				
TITLE	MGR	☐ Delete	TITLE				☐ Change	Addition
NAME	SIMPSON, JANET							_
STREET ADDRESS   CITY-ST-ZIP	7624 BROOK FOREST DRIVE PENSACOLA, FL 32514	•	STREET CITY-S	ADDRESS				
TILE .	MGR	☐ Delete	_	11-2IF				
NAME	SIMPSON, JOSEPH	L. Delete	NAME	Í			☐ Change	☐ Addition
STREET ADDRESS	7624 BROOK FOREST DRIVE			ADDRESS	•			
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-S	I				
	ertify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee						ther certify that the info ng member or manage	r of the

OR AUTHORIZED REPRESENTATIVE Date Date Date Date Phone &