## **2008 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## FILED Jan 07, 2008 8:00 am Secretary of State 01-07-2008 90047 007 \*\*\*143.75

DOCUMENT # L07000086574  1. Entity Name TELLUSAY, LLC					01-07-2008 90047 007 ***143.75				
Principal Place	e of Business	Mailing Address	ng Address			6000	1017U	)	
1521 SW 121 OCALA, FL 3	14471 Swite 100	1521 SW 12TH AVE , Sいたい100 OCALA, FL 34471							
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State		4. FEI Number	42950	64	<del>                                     </del>	plied For t Applicable	
Zip 	Country	Zip	Country		<u> </u>	Status Desired	Ø	\$5.00 Add Fee Required	
<del></del>	6. Name and Address of Current R	legistered Agent	Nom		7. Name and /	Address of New F	legistered	Agent	
ETHRIDGE, MICHAEL 1521 SW 12TH AVE   Switch 100 OCALA, FL 34471				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)  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 MEMBER	· <u></u>	10.			ADDITIONS	/CHANGES		
TITLE NAME	MGRM ETHRIDGE, MICHAEL	Delete						☐ Change	Addition
STREET ADDRESS CHY-ST-ZIP	1521 SW 12TH AVE , Swite 100 ST		STREET ADDRES	ss					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE	SS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRE	SS				☐ Change	Addition
THLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delele	TITLE NAME STREET ADDRE	ss				☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		Decido Chaluton I fi	all and the	☐ Change	Addition

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 SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE

-4-08

<u>352.351-0077</u>