

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086848

Entity Name: TLHFS, LLC

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

2725 GRAVES ROAD
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2725 GRAVES ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

MURPHCO OF FLORIDA, INC.
P.O. BOX 37888
JACKSONVILLE, FL 32236

FEI Number: 26-0784525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, E. JACKSON
FOWLER WHITE BOGGS BANKER, P.A.
501 EAST KENNEDY BLVD. SUITE 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MURPHEY, PHILIP
MURPHCO OF FLORIDA, INC.
6802 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32205 US

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.

SIGNATURE: PHILIP MURPHEY

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: MURPHEY, PHILIP
Address: 6802 COMMONWEALTH AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP MURPHEY

MR.

04/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date