

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091280

Entity Name: DELEGATION NATION LLC

FILED  
Sep 10, 2008  
Secretary of State

## Current Principal Place of Business:

3001 COUNTRYSIDE BLVD  
CORPORATE OFFICES  
CLEARWATER, FL 33761

## New Principal Place of Business:

102 MARCDALE BLVD  
CORPORATE OFFICES  
INDIAN ROCKS BEACH, FL 33785

## Current Mailing Address:

3001 COUNTRYSIDE BLVD  
CORPORATE OFFICES  
CLEARWATER, FL 33761

## New Mailing Address:

102 MARCDALE BLVD  
CORPORATE OFFICES  
INDIAN ROCKS BEACH, FL 33785

FEI Number: 26-0849687      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAAGSMA, MARK C  
102 MARCDALE BLVD  
INDIAN ROCKS BEACH, FL 33785      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: HAAGSMA, MARK C  
Address: 102 MARCDALE BLVD  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

## ADDITIONS/CHANGES:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK HAAGSMA

MR.

09/10/2008

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