
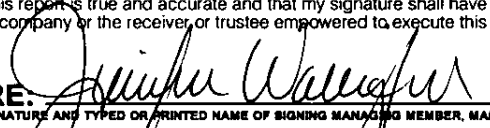


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90339 037 \*\*\*143.75

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # L07000092442</b>  |  |   |   |
| 1. Entity Name<br><b>FOCUSING FORWARD, LLC</b>  |  |  |   |
| Principal Place of Business<br><b>2732 LANGSTAFF DRIVE<br/>PALM HARBOR, FL 34684 US</b>   |  | Mailing Address<br><b>2732 LANGSTAFF DRIVE<br/>PALM HARBOR, FL 34684 US</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>1004</b>   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   | Country  | Zip  | Country   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  | 4. FEI Number <b>26-0906707</b>  |   |
| 6. Name and Address of Current Registered Agent<br><b>UNITED STATES CORPORATION AGENTS, INC.<br/>13302 WINDING OAKS BLVD<br/>SUITE A-100<br/>TAMPA, FL 33612-3425</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 reinstating) DATE _____   |  |  |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>WALLINGFORD, JENNIFER<br/>2732 LANGSTAFF DRIVE<br/>PALM HARBOR, FL 34684</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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. |  |  |   |
| <b>SIGNATURE:</b>    |  | <b>2/8/08</b> <b>727-424-5511</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date Daytime Phone #   |   |

60013664



02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0906707** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

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  
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**Make check payable to  
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2732 LANGSTAFF DRIVE  
PALM HARBOR, FL 34684** ☐ Delete

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #