

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093659

FILED
May 21, 2008
Secretary of State

Entity Name: CHILDRESS-HERMAN LIMITED LIABILITY COMPANY

Current Principal Place of Business:

NO. 3496 S.W. HALE STREET
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

526 SW HALKELL AVE
PORT ST. LUCIE, FL 34953

Current Mailing Address:

NO. 3496 S.W. HALE STREET
PORT ST. LUCIE, FL 34953

New Mailing Address:

526 SW HALKELL AVE
PORT ST. LUCIE, FL 34953

FEI Number: 61-1539013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

CHILDRESS, GREGORY
NO. 3496 S.W. HALE STREET
PORT ST. LUCIE, FL 34953 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: CHILDRESS, GREGORY
Address: NO. 3496 S.W. HALE STREET
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM () Delete
Name: HERMAN, SCOTT
Address: 526 S.W. HALKELL AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

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

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: SCOTT HERMAN

VP

05/21/2008

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