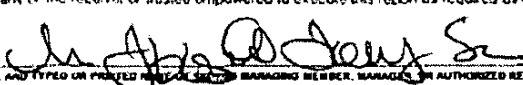


FILED
Aug 15, 2008 8:00 am
Secretary of State

07-14-2008 90099 033 ***143.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000122323			
1. Entity Name 502 MAIN STREET, LLC			
Principal Place of Business 502 NORTH MAIN STREET CRESTVIEW, FL 32536		Mailing Address 502 NORTH MAIN STREET CRESTVIEW, FL 32536	
2. Principal Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEL Number 54-2190418		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TONEY, JEFFREY D SR. 502 NORTH MAIN STREET CRESTVIEW, FL 32536		7. Name and Address of New Registered Agent	
Name:		Name:	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 furnished with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 7-09-08	
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.183(2)(b), F.S. the limited liability company did not receive the prior notice	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	TONEY, JEFFREY D SR.	NAME	
STREET ADDRESS	502 NORTH MAIN STREET	STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition
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.			
SIGNATURE: 		DATE: 7-09-08 168114	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	