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	Mailing Address
502 NORTH MAIN STREET CRESTVIEW, FL 32536	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

07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 54-2190418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $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

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] 7-09-08

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 Due by September 12, 2008	In accordance with s. 607.193(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

TITLE	MGRM	☐ Delete
NAME	TONEY, JEFFREY D SR	
STREET ADDRESS	502 NORTH MAIN STREET	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
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TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: [signature] 7.09.08 6891160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #