


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90119 021 ***143.75

DOCUMENT # L07000123055	
1. Entity Name INDEPENDENCE SYSTEMS, LLC	

Principal Place of Business 908 MAGNOLIA AVE. AUBURNDALE, FL 33823 US	Mailing Address PO BOX 575 AUBURNDALE, FL 33823
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50003823

2. Principal Place of Business - No P.O. Box # 908 Magnolia Ave	3. Mailing Address PO Box 575
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Auburndale, FL	City & State Auburndale, FL
Zip 33823	Zip 33823
Country POLK	Country POLK



04142008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION AGENTS, INC. 320 S. FLAMINGO ROAD #347 PEMBROKE PINES, FL 33027	
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4. FEI Number 36-4623272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYANT, MARLENE M 5534 CENTURY 21 BLVD. #231 ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JURON, SR., JOHN 5534 CENTURY 21 BLVD. #231 ORLANDO, FL 32807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: Marlene M. Bryant 04-14-2008 863-588-4082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

MARLENE M. BRYANT