

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 SEP 23 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



09182008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000123749

1. Entity Name  
REVCOM GROUP, LLC



Principal Place of Business  
327 WELLINGTON PLACE  
PALM COAST, FL 32164

Mailing Address  
327 WELLINGTON PLACE  
PALM COAST, FL 32164

2. Principal Place of Business - No P.O. Box #  
327 Wellington Drive

3. Mailing Address  
3500 Coral Way

Suite, Apt. #, etc.  
Apt. 1002

City & State  
Palm Coast, FL

City & State  
MIAMI, FL

Zip  
32137

Country  
USA

Zip  
33145

Country  
USA

6. Name and Address of Current Registered Agent

HAUSEN, RICHARD  
327 WELLINGTON PLACE  
PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name  
same as before

Street Address (P.O. Box Number is Not Acceptable)  
327 Wellington Drive

City  
Palm Coast

FL

Zip Code  
32137

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]*

DATE  
09/20/08

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAUSEN, REBECCA 3500 CORAL WAY APT. 1002 MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800136248978 09/23/08--01020--022 **143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	L. SELLERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEP 24 2008
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXAMINER
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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]*

DATE: 09/19/08

DAYTIME PHONE: 305.335.8696