

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90233 021 \*\*\*138.75

**DOCUMENT # L07000125618**

1. Entity Name  
**NEW START PROGRAM LLC.**



Principal Place of Business  
**26810 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761**

Mailing Address  
**26810 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761**

**60020480**



2. Principal Place of Business - No P.O. Box #  
**26810 US Hwy 19 N**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

04042008 Chg-LLC CR2E083 (12/06)

City & State  
**Clearwater, FL**  
Zip  
**33761**

City & State  
**FL**  
Zip  
**33761**

4. FEI Number  
**20-5220119**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BISHOP, RICHARD  
26810 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761**

**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, 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  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BISHOP, RICHARD  
1650 CANOPY OAKS BLVD.  
PALM HARBOR, FL 34684** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MCDANIEL, JOHN B  
17308 SVIAUT HILLS DRIVE  
CANYON COUNTRY, CA 91387** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**10. ADDITIONS/CHANGES**

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

TITLE  
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CITY-ST-ZIP  
☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/4/08 866-440-3088**