

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-14-2008 90075 048 ***138.75

DOCUMENT # L07000127108 1. Entity Name 83 AG, LLC																													
Principal Place of Business 6510 N US HWY 129 BELL, FL 32619 US			Mailing Address 6510 N US HWY 129 BELL, FL 32619 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		Country																									
4. FEI Number 52-2399049				Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				02072008 Chg-LLC CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent PHILMAN, KELLY J 6510 N US HWY 129 BELL, FL 32619			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																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete ☐</td> </tr> <tr> <td>NAME</td> <td>PHILMAN, KELLY J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6510 N US HWY 129</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BELL, FL 32619</td> <td></td> </tr> </table>			TITLE	NAME	Delete ☐	NAME	PHILMAN, KELLY J		STREET ADDRESS	6510 N US HWY 129		CITY-ST-ZIP	BELL, FL 32619		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change ☐ Addition ☐	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Kelly J Philman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE				Date: <u>2-11-08</u> Daytime Phone #: <u>386-935-4499</u>																									