

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052622

Entity Name: EIGHT CUBED, LLC

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5611 NW 27TH TERRACE  
GAINESVILLE, FL 32653 US

**New Principal Place of Business:**

1812 SHERWOOD DRIVE  
TALLAHASSEE, FL 32303 US

**Current Mailing Address:**

5611 NW 27TH TERRACE  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

1812 SHERWOOD DRIVE  
TALLAHASSEE, FL 32303 US

FEI Number: 27-0274247

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SADLER, GRAY H  
5611 NW 27TH TERRACE  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

SADLER, GRAY H  
1812 SHERWOOD DRIVE  
TALLAHASSEE, FL 32303 US

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.

SIGNATURE:

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SADLER, GRAY H  
Address: 1812 SHERWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM  
Name: NICHOLS, DANIEL C  
Address: 2406 DELGADO DRIVE  
City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GRAY H SADLER

PRES

04/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date