

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90135 035 \*\*\*138.75

00010390



01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number **16-1662117** Applied For ☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BUTLER, G. VINCENT**  
120 INTERNATIONAL PARKWAY, SUITE 220  
LAKE MARY, FL 32746

## 7. Name and Address of New Registered Agent

Name **Lynn Jennings**  
Street Address (P.O. Box Number is Not Acceptable)  
**120 International Pkwy Suite 220**  
City **Lake Mary** FL Zip Code **32746**

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 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **MGR** ☐ Delete  
NAME **JENNINGS, LYNN**  
STREET ADDRESS **120 INTERNATIONAL PARKWAY, STE 220**  
CITY - ST - ZIP **LAKE MARY, FL 32746**

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## 10. ADDITIONS/CHANGES

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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: DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE