

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2008 90338 028 ***143.75

DOCUMENT # M06000000268

1. Entity Name
ENCOMPASS GROUP, L.L.C.



Principal Place of Business
**615 MACON STREET
MCDONOUGH, GA 30253**

Mailing Address
**615 MACON STREET
MCDONOUGH, GA 30253**

60013613



03042008 Chg-LLC CR2E083 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2471437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
SPURLOCK, MICHAEL
842 HALLBROOK LANE
ALPHARETTA, GA 30004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**291 River Sound Lane
Dawsonville, GA 30534** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
HUELSBECK, DAVID A
100 LAMBERTH LAKE DRIVE
FAYETTEVILLE, GA 30214** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAS
HOWARD, ED
3929 FANTASIA
DALLAS, TX 75229** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAS
GREEN, MICHAEL
1445 ARMOUR BLVD.
MUNDELEIN, IL 60060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**815 Hiawatha Lane
Riverwood, IL 60015** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAS
HAMILTON, JOHN
4453 SENTINEL POST ROAD
ATLANTA, GA 30327** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO/CFO
Alan Davis
330 Homestead Circle
Forsyth, GA 30029** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PAS
SLEIZER, JOHN
2600 TERRITORIAL ROAD
ST. PAUL, MN 551141074** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4090 120th Street West
Rosemont, MN 55068** ☒ 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: *Suzanne Allman* **Suzanne Allman**

3/4/08

770-957-3981

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

Date

Daytime Phone #