

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000268

FILED
Feb 23, 2009
Secretary of State

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

Current Principal Place of Business:

615 MACON STREET
MCDONOUGH, GA 30253

New Principal Place of Business:

Current Mailing Address:

615 MACON STREET
MCDONOUGH, GA 30253

New Mailing Address:

FEI Number: 58-2471437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PCD () Delete
Name: SPURLOCK, MICHAEL
Address: 291 RIVER SOUND LANE
City-St-Zip: DAWSONVILLE, GA 30534

Title: ASP () Delete
Name: HUELSBECK, DAVID A
Address: 100 LAMBERTH LAKE DRIVE
City-St-Zip: FAYETTEVILLE, GA 30214

Title: PAS () Delete
Name: HOWARD, ED
Address: 3929 FANTASIA
City-St-Zip: DALLAS, TX 75229

Title: PAS () Delete
Name: GREEN, MICHAEL
Address: 815 HIAWATHA LANE
City-St-Zip: DEERFIELD, IL 60015

Title: C () Delete
Name: DAVIS, ALAN
Address: 330 HOMESTEAD CIR
City-St-Zip: FORSYTH, GA 31029

Title: PAS (X) Delete
Name: SLEIZER, JOHN
Address: 090 120TH ST W
City-St-Zip: ROSEMOUNT, MN 55068

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: SPURLOCK, MICHAEL
Address: 291 RIVER SOUND LANE
City-St-Zip: DAWSONVILLE, GA 30534

Title: PBD (X) Change () Addition
Name: HUELSBECK, DAVID A
Address: 100 LAMBERTH LAKE DRIVE
City-St-Zip: FAYETTEVILLE, GA 30214

Title: BAS (X) Change () Addition
Name: HOWARD, ED
Address: 3929 FANTASIA
City-St-Zip: DALLAS, TX 75229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: DAVIS, ALAN
Address: 330 HOMESTEAD CIR
City-St-Zip: FORSYTH, GA 31029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUZANNE ALLMAN

DTC

02/23/2009

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