

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000004683

1. Entity Name
ENDURIS, LLC



Principal Place of Business
**7167 OLD KINGS ROAD
JACKSONVILLE, FL 32219**

Mailing Address
**7167 OLD KINGS ROAD
JACKSONVILLE, FL 32219**



02262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5394134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLIDAN, JOHN R
7167 OLD KINGS ROAD
JACKSONVILLE, FL 32219**

**DO NOT WRITE
IN THIS SPACE**

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

4/15/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000903607
04/30/08-80052-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HEMINGWAY, JON F
7167 OLD KINGS ROAD N
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
POLIDAN, JOHN R
7167 OLD KINGS ROAD N
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DONCKERS, LARRY E
7167 OLD KINGS ROAD N
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
SMITH, DELLA L
7167 OLD KINGS ROAD N
JACKSONVILLE, FL 32219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

4/15/08