

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90079 030 ***138.75

60000945



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0645065

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ALLEN, CAROLYN	
STREET ADDRESS	1170 BIG BEN CROSSING	
CITY-ST-ZIP	VALLEY PARK, MO 63088	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HICKEY, PAUL	
STREET ADDRESS	1812 PICKURING LANE	
CITY-ST-ZIP	LITTLE ROCK, AR 72212	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SWITZER, SANDRA H	
STREET ADDRESS	1314 WESTBROOKE MEADOWS LANE	
CITY-ST-ZIP	BALWIN, MO 63021	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HICKEY, JOSEPH	
STREET ADDRESS	432 N WASHINGTON	
CITY-ST-ZIP	EL DORADO, AR 71730	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THORNALLY, ROSEMARY H	
STREET ADDRESS	29711 HIGH ESCHOLON	
CITY-ST-ZIP	FAIR OAKS RANCH, TX 78006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Joseph Hickey
Joseph Hickey

1/7/08
1/7/08

870 862 3478
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Daytime Phone #