

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000007506

1. Entity Name
SYBRA, LLC



Principal Place of Business
1155 PERIMETER CENTER WEST, SUITE 1200
ATLANTA, GA 30338

Mailing Address
1155 PERIMETER CENTER WEST, SUITE 1200
ATLANTA, GA 30338

FILED
Jul 30, 2008 08:00 AM
Secretary of State



07142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-1552833

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BARTON, SHARRON L
STREET ADDRESS 1155 PERIMETER CENTER WEST, SUITE 1200
CITY- ST- ZIP ATLANTA, GA 30338

TITLE MGR
NAME HARE, STEPHEN E
STREET ADDRESS 1155 PERIMETER CENTER WEST, SUITE 1200
CITY- ST- ZIP ATLANTA, GA 30338

TITLE MGR
NAME OKESON, NILS H
STREET ADDRESS 1155 PERIMETER CENTER WEST, SUITE 1200
CITY- ST- ZIP ATLANTA, GA 30338

TITLE MGR
NAME SMITH, ROLAND C
STREET ADDRESS 1155 PERIMETER CENTER WEST, SUITE 1200
CITY- ST- ZIP ATLANTA, GA 30338

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000956658
07/30/08-80001-020 138.75

**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 #

7.21.2008 678.514.4100