

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064452

FILED  
Jul 19, 2007  
Secretary of State

Entity Name: SAMIR OSMANCEVIC, LLC

**Current Principal Place of Business:**

4130 EDENROCK PLACE  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

4130 EDENROCK PLACE  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

FEI Number: 59-0830053      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

OSMANCEVIC, SAMIR  
4130 EDENROCK PLACE  
WESLEY CHAPEL, FL 33543      US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: OSMANCEVIC, SAMIR  
Address: 4130 EDENROCK PLACE  
City-St-Zip: WESLEY CHAPEL, FL 33543

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

Title: MGRM ( ) Delete  
Name: OSMANCEVIC, SAMIR  
Address: 4130 EDENROCK PLACE  
City-St-Zip: WESLEY CHAPEL, FL 33543

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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: SAMIR OSMANCEVIC

MGRM

07/19/2007

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