

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061943

FILED
Jun 25, 2008
Secretary of State

Entity Name: LASSCO PROPERTIES LLC

Current Principal Place of Business:

700 S HARBOUR BLVD
STE 435
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

700 S HARBOUR BLVD
STE 435
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-0360853 **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:

LASSES, JORGE MR
700 S HARBOUR ISLAND BLVD
STE 435
TAMPA, FL 33602 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: MGRM () Delete
Name: LASSCO INTERNATIONAL, MARKETING LLC
Address: 1802 N CARSON ST , STE 212-3408
City-St-Zip: CARSON CITY, NV 89701

Title: MGR () Delete
Name: LASSES, JORGE
Address: 700 S HARBOUR ISLAND BLVD
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ESTRADA, LUZ M
Address: 700 S. HARBOR ISLAND BLVD, SUITE 435
City-St-Zip: TAMPA, FL 33602

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: JORGE L. LASSES

MGR

06/25/2008

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