

4/22/

FILED
May 27, 2002 8:00 am
Secretary of State

04-22-2002 90166 025 ****55.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000011708

1. Entity Name

OLMEDA.COM, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1810 EMERALD GREEN CIR

3. Mailing Address

PO BOX 622225

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OVIEDO, FL

City & State

OVIEDO, FL

4. FEI Number

01-0618552

Applied For

Not Applicable

Zip

32765

Country

USA

Zip

32762

Country

USA

5. Certificate of Status Desired

☒ \$5.00 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER J. OLMEDA

Street Address (P.O. Box Number is Not Acceptable)

1810 EMERALD GREEN CIR

City

OVIEDO

FL

Zip Code
32765DO 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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

Christopher J. Olmeda 4/15/02

DATE

FEE IS \$50.00

 Make Check Payable to Department of State
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 MGRM
 CHRISTOPHER J. OLMEDA
 1810 EMERALD GREEN CIR
 OVIEDO, FL 32765

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Christopher J. Olmeda

4/15/02 4073658148

Date

Daytime Phone #

CR2E033B (12/01)