

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022501

**FILED**  
**Feb 05, 2005**  
**Secretary of State**

**Entity Name:** LORO, LLC

**Current Principal Place of Business:**

1004 STATE ROAD 13  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

1004 STATE ROAD 13  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 56-2289254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OGLESBY, RICHARD  
1004 STATE ROAD 13  
JACKSONVILLE, FL 32259 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: OGLESBY, RICHARD M  
Address: 1004 SR 13N  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete  
Name: OGLESBY, LENITA C  
Address: 1004 SR 13 N  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OGLESBY, RICHARD M  
Address: 1004 SR 13 N  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change ( ) Addition  
Name: OGLESBY, LONITA C  
Address: 1004 SR 13 N  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD OGLESBY

MGR

02/05/2005

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