

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025469

Entity Name: NOTABLE & NOTORIOUS, LLC

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

6807 VISITORS CIR.  
SUITE D  
ORLANDO, FL 32819

## New Principal Place of Business:

## Current Mailing Address:

6807 VISITORS CIR.  
SUITE D  
ORLANDO, FL 32819

## New Mailing Address:

FEI Number: 06-1650397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWMAN, COLIN  
15585 S APOPKA VINELAND RD.  
ORLANDO, FL 32821 US

## Name and Address of New Registered Agent:

BOWMAN, COLIN  
6807D VISITORS CIRCLE  
ORLANDO, FL 32819 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: COLIN BOWMAN

04/24/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BOWMAN, COLIN  
Address: 15585 S APOPKA VINELAND RD  
City-St-Zip: ORLANDO, FL 32821

Title: MGR (X) Delete  
Name: BOCKLANDT, DIRK  
Address: 15585 S APOPKA VINELAND RD  
City-St-Zip: ORLANDO, FL 32821

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BOWMAN, COLIN  
Address: 6807D VISITORS CIRCLE  
City-St-Zip: ORLANDO, FL 32819

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

I hereby certify that the information supplied with this filing does not qualify for the 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: COLIN BOWMAN

MGR

04/24/2006

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