

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000027348 1. Entity Name TODDLAUREN, LLC	
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Principal Place of Business 730 GOODLETTE ROAD SUITE 205 NAPLES, FL 34102	Mailing Address 730 GOODLETTE ROAD SUITE 205 NAPLES, FL 34102
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03262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2299758	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQ CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP 821 5TH AVENUE SOUTH, STE. 201 NAPLES, FL 34102

DO 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRODIE, TODD D 730 GOODLETTE ROAD, SUITE 205 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, LAUREN L 730 GOODLETTE ROAD, SUITE 205 NAPLES, FL 34102
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04/22/08-80025-001 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Todd Brodie

4/7/08

239 5741885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #