


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90306 048 \*\*\*138.75

|                                     |   |
|-------------------------------------|---|
| <b>DOCUMENT # L03000029725</b>      |  |
| <b>1. Entity Name</b><br>MINOD, LLC |   |

|  |   |
|--|---|
| <b>Principal Place of Business</b><br>1008 S.W. 56TH ST.<br>CAPE CORAL, FL 33914 | <b>Mailing Address</b><br>P.O. DRAWER 60205<br>FORT MYERS, FL 33906 |
|--|---|

|   |  |
|---|--|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b><br>c/o JOHN M. WICKER, P.A.<br>P.O. DRAWER 60205<br>FORT MYERS, FL 33906 |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.  |

|                         |                         |
|-------------------------|-------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> |
| Zip Country             | Zip Country             |

00043377

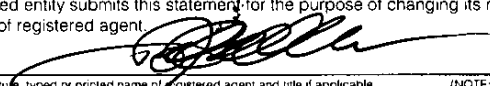
03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
27-0065253

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br>ROYSTON, ROBERT D JR.<br>12670 NEW BRITTANY BLVD.<br>SUITE 101<br>FORT MYERS, FL 33907 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>JOHN M. WICKER, P.A.<br>Street Address<br>12670 NEW BRITTANY BLVD., STE 101<br>City<br>FORT MYERS, FL 33907<br>Code |
|--|---|

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  DATE

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

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>O'DAY, JIM<br>1008 S.W. 56TH ST.<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**  **4/2/08** **(239) 945-3616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #