

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031081

Entity Name: LORGO, L.L.C.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

6601 SOUTH MAGNOLIA AVENUE
OCALA, FL 34476

New Mailing Address:

FEI Number: 55-0846925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLANAGAN, GREGORY S
2701 SOUTHEAST MARICAMP ROAD, SUITE 104
OCALA, FL 34471 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/MANAGERS:

Title: MGR () Delete
Name: REDDY, K. & KUCHAKULLA, G.R., TEN BY ENTIR
Address: 11265 BRIDGEHOUSE RD
City-St-Zip: WINDERMERE, FL 34786

Title: MGR () Delete
Name: REDDY, N A. & REDDY, K.K., TEN BY ENTIRETY
Address: 6601 SOUTH MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

Title: MGR () Delete
Name: REDDY, D A & REDDY SA, TEN BY ENTIRETY
Address: 6601 SOUTH MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KN REDDY

MGR

04/22/2009

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