

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047326

Entity Name: JAMES M BADLOE LLC

FILED
Jul 05, 2008
Secretary of State

Current Principal Place of Business:

754 SW 4TH STREET
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

754 SW 4TH STREET
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 20-0425890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BADLOE, JAMES M
754 SW 4TH STREET
CAPE CORAL, FL 33991 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BADLOE, JAMES M
Address: 754 SW 4TH STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: MGR () Delete
Name: OWEN, MICHAEL
Address: 754 SW 4TH STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: MGR () Delete
Name: MOENANDER, CORNELIS
Address: 754 SW 4TH STREET
City-St-Zip: CAPE CORAL, FL 33991

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: JAMES M BADLOE

MGR

07/05/2008

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