2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # L03000050253 1. Entity Name MYREOTEAM.COM, LLC				Non	02-05-200	7 90200 044 ****:	50.00	
Principal Place	e of Business	Mailing Address		 i		•		
1001 W. CHERRY STREET Suite B		1001 W. CHERRY STREET Suite B		1	6001318	I		
KISSIMMEE, FL 34741		KISSIMMEE, FL 34741					1887 H. (1881	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe	Number Applied For .0448350 Not Applicable			
Zip	Country	Zip	Country		of Status Desired	S5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
PERRY, JEFFREY			Name	Name				
1001 W. CHERRY, STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
KISSIMMEE, FL 33741							}	
			City	City FL Zip Code				
	named entity submits this statement for	r the purpose of changing its	registered office or regist	stered agent, or bo	th, in the State of F	lorida. I am familiar with,	and accept	
· .	ions of registered agent.							
SIGNATURE.	Signature, typed of printed name of registered agent	and title if applicable. (NOTE	. Registered Agent signature requi	ired when reinstation)		DATE		
45		T	•					
	ling Fee is \$50.00 ue by May 1, 2007					ke check payable to la Department of Stat	e	
	ling Fee is \$50.00		10.		Floric	ke check payable to	e	
9.	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGR		10.		Floric	ke check payable to la Department of Stat	e Addition	
9. TITLE NAME	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGR PERRY, JEFFREY	RS/MANAGERS	10.		Floric	ke check payable to la Department of Stat S/CHANGES		
9.	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGR	RS/MANAGERS	10. TITLE NAME		Floric	ke check payable to la Department of Stat S/CHANGES		
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR PERRY, JEFFREY 1001 W. CHERRY STREET, SUI	RS/MANAGERS Delete TE B	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Floric	ke check payable to la Department of Stat S/CHANGES	Addition	
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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:

ME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE

907-873-1797 Daytime Phone #

Date