2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

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DOCUMENT # L03000053148 1. Entity Name ERIK MOGELVANG, LLC						05-02-2007 9	0357 020 ***	**50.0	00
Principal Plac	ce of Business	Mailing Address	Mailing Address			IOATaa			
912 PREACH	IFR CT	912 PREACHER CT							
NAPLES, FL		NAPLES, FL 34104							
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2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
					_				
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.			04252007	Chg-LLC	CR2E083 (1	2/06)	
City & City		City & State			4. FEI Numb			IΔn	plied For
City & Stat	le .	City & State			20-198			\vdash	t Applicable
7:- Covete		Zip Coun		tn:	20-190	04204			
Zip Country		Zip Cour		пу	5. Certificate	of Status Desired	□ \$5.0	00 Add Reguired	itional
	6. Name and Address of Curren	t Registered Agent			7 Name and	d Address of New F		_ •	-
****	. Name and Address of Curren	t riegistered Agent		Name	T. Nadio div	7,00,000 01,11017 1	togitater of Agent		
MOGELVA	ANG, ERIK								
912 PREACHER CT				Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, I									
	•								
				City			FL Z	ip Code	3
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8. The above the obligat	named entity submits this statement tions of registered agent.	or the purpose of changing its	registere	ed office or regist	tered agent, or bo	oth, in the State of Fl	orida. I am familia	ar with,	and accept
SIGNATURE		•		• •					
Oldry (18112)	Signature, typed or printed name of registered ager	s and title if applicable. (NOT	E: Registere	i Agent signature requi	red when reinstating)		DATE		
Fi	iling Fee is \$50.00 ue by May 1, 2007	, Ĉ					 ke check payab a Department c		
	ue by may 1, 2007					1 10110	a Department C	Jiaic	•
9.	MANAGING MEME	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
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NAME	MOGELVANG, ERIK	C) Delete	NAMI				٥.		
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· CITY-ST-ZIP -	certify that the information supplied wi			-ST-ZIP					

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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0272-7774 Daytime Phone #