


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000008163 1. Entity Name INFORMATION TECHNOLOGY NIRVANA, LLC |  |
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|---|---|
| Principal Place of Business 2709 S.W. 4TH AVE. CAPE CORAL, FL 33914 | Mailing Address 2709 S.W. 4TH AVE. CAPE CORAL, FL 33914 |
|---|---|

DO NOT WRITE IN THIS SPACE



04122008 No Chg-LLC

CR2E083 (12/07)

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|-----------------------------|-------------------------------|
| 4. FEI Number 20-0705724 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ANDERSON, CHRISTOPHER C 2709 S.W. 4TH AVE. CAPE CORAL, FL 33914 |
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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.


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|--|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANDERSON, CHRISTOPHER C 2709 S.W. 4TH AVE. CAPE CORAL, FL 33914 |
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | 4-14-08 Date | Daytime Phone # |
|---|-----------------|-----------------|