

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000010674 1. Entity Name BIDORLANDO.COM LLC	
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Principal Place of Business 3664 CASSIA DR ORLANDO, FL 32828	Mailing Address 3664 CASSIA DR ORLANDO, FL 32828
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U00000456115
03/16/06-80014-023 50.00



02172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0897639	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ZALAR, LOUIE 3664 CASSIA DR ORLANDO, FL 32828

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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.

SIGNATURE *Louie Zalar*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZALAR, LOUIE 3664 CASSIA DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZALAR, JENNIFER 3664 CASSIA DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, CARMELA 3825 BLAZING STAR DR ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Louie Zalar* **3/2/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #