

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90086 023 ****55.00

DOCUMENT # L04000023510

1. Entity Name

O! LLC



Principal Place of Business

3011 CASA RIO COURT
PALM BEACH GARDENS FL 33418

Mailing Address

3011 CASA RIO COURT
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

O! LLC

3. Mailing Address

Suite, Apt. #, etc.

223 S. Olive Ave.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip
33401

Country

Zip

Country

4. FEI Number

20-1196572

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK GREEN, ALICIA
3011 CASA RIO COURT
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Alicia Clark Green

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/06 6/27/06

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CLARK GREEN, ALICIA
3011 CASA RIO COURT
PALM BEACH GARDENS FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Alicia Clark Green / Alicia CLARK-Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/06 6/27/06

562-832-8131

Daytime Phone #