

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024536

Entity Name: CANDO, LLC

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

4817 PLINY COURT
KISSIMMEE, FL 34746

New Principal Place of Business:

3496 MCCORMICK WOODS DRIVE
OCOE, FL 34761

Current Mailing Address:

20 S. ROSE AVENUE
SUITE 3A
KISSIMMEE, FL 34741

New Mailing Address:

3496 MCCORMICK WOODS DRIVE
OCOE, FL 34761

FEI Number: 20-0937156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOYD, ORINE S
4817 PLINY COURT
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

BOYD, ORINE S
3496 MCCORMICK WOODS DRIVE
OCOE, FL 34761 US

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.

SIGNATURE:

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOYD, ORINE S
Address: 4817 PLINY COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: MRGM () Delete
Name: BOYD, KENNETH J
Address: 4817 PLINY COURT
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOYD, ORINE S
Address: 3496 MCCORMICK WOODS DRIVE
City-St-Zip: OCOE, FL 34761

Title: MRGM (X) Change () Addition
Name: BOYD, KENNETH J
Address: 3496 MCCORMICK WOODS DRIVE
City-St-Zip: OCOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ORINE S. BOYD

MRS

01/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date