

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029127

FILED
May 11, 2007
Secretary of State

Entity Name: LAW4COMP LIMITED LIABILITY COMPANY

Current Principal Place of Business:

650 WEST AVE
1504
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 191857
MIAMI BEACH, FL 33119

New Mailing Address:

FEI Number: 20-1264513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, MICHAEL
650 WEST AVE
1504
MIAMI BEACH, FL 33139 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SMITH, RENEE M
Address: 650 WEST AVE #1504
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: SMITH, GAYLE
Address: 34039 CHESTNUT RIDGE ROAD
City-St-Zip: NORTH RIDGEVILLE, OH 44039

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: SMITH, MICHAEL J
Address: 34049 CHESTNUT RIDGE ROAD
City-St-Zip: N. RIDGEVILLE, OH 44039

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RENEE SMITH

MGRM

05/11/2007

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