

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000030086

1. Entity Name
LAW OFFICE OF I. MICHAEL TUCKER, P.L.C.



Principal Place of Business
498 PALM SPRINGS DRIVE STE. 100
SUNTRUST BANK BUILDING
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
498 PALM SPRINGS DRIVE STE. 100
SUNTRUST BANK BUILDING
ALTAMONTE SPRINGS, FL 32701 US



01292008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
28-1469480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, I. MICHAEL
498 PALM SPRINGS DRIVE STE. 100
SUNTRUST BANK BUILDING
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE
IN THIS SPACE**

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

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

(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	MGRM
NAME	TUCKER, I. MICHAEL
STREET ADDRESS	498 PALM SPRINGS DRIVE STE. 100
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701

TITLE	
NAME	
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CITY - ST - ZIP	

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U000000810561
02/08/08-80070-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *I. Michael Tucker*

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

1/30/2008 407-977-8836

Date

Daytime Phone #