

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 10, 2008  
Secretary of State**

DOCUMENT# L04000056751

Entity Name: NAMO, LLC

**Current Principal Place of Business:**

3959 SAN ROCCO DRIVE  
#212  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

3959 SAN ROCCO DRIVE  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 33-1097686      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:**

MONSEN RAT, MYRNA  
3959 SAN ROCCO DRIVE  
#212  
PUNTA GORDA, FL 33950 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: MGRM ( ) Delete  
Name: MONSEN RAT, MYRNA  
Address: 3959 SAN ROCCO DRIVE #212  
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: MGRM ( ) Delete  
Name: MONSEN RAT, JORGE  
Address: 3959 SAN ROCCO DRIVE #212  
City-St-Zip: PUNTA GORDA, FL 33950

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: MYRNA MONSERRAT

MGRM

05/10/2008

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