

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90046 031 ***143.75

DOCUMENT # L04000065299 1. Entity Name IDM, LLC					
Principal Place of Business 4145 OAKWOOD DR. ST. CLOUD, FL 34772 US			Mailing Address 4145 OAKWOOD DR. ST. CLOUD, FL 34772 US		
2. Principal Place of Business - No P.O. Box # 3630 Crosley Ave Suite, Apt. #, etc.		3. Mailing Address 3630 Crosley Ave Suite, Apt. #, etc.			
City & State Saint Cloud, Florida Zip 34772 Country USA		City & State Saint Cloud, Florida Zip 34772 Country USA		4. FEI Number 04-3623454	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MAZZARO, IVAN 4145 OAKWOOD DR. ST. CLOUD, FL 34772			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3630 Crosley Ave City Saint Cloud, FL Zip Code 34772		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZZARO, IVAN 4145 OAKWOOD DR. ST. CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3630 Crosley Ave Saint Cloud, FL 34772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAZZARO, DONNA 4145 OAKWOOD DR. ST. CLOUD, FL 34772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3630 Crosley Ave Saint Cloud, FL 34772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Ivan Mazzaro</u> <u>Ivan Mazzaro</u> <u>1/28/08</u> <u>4077915401</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					