2007 LIMITED LIABILITY COMPANY

	ANNUAL R	_				
DOCUMENT # L04000074704  1. Entity Name FOR ME, LLC			•		FILED	
						_
Principal Place of Business		Mailing Address		Child III	07 FEB 12 AM II: 3	<b>3</b> 3
210-B SOUTH MAC DILL AVENUE TAMPA FL 33609		210-B SOUTH MAC DILL AVENUE TAMPA FL 33609		:NUE		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			1101101 01 5410 5161 7511 7511 7511 7511	<b>3</b> (4) <b>3</b>
Suile, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/06)	
City & State		City & State			4. FEI Number 20-1749230	Applied For Not Applicable
Zip	Country Zip Cou		Coun	try	5. Certificate of Status Desired See Re	Additional equired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
DICKINSON, J. EDWARD 210-B SOUTH MAC DILL AVENUE				Street Address (P.O. Box Number is Not Acceptable)		
	MPA FL 33609	<b>10</b> L	-			
			City	FL Zip	Code	
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 \$50.00 30008728033  Make Check Payable to Florida Department of \$666/19/0701039023 **250.00						
		Make Check Payab	le to Fl	orida Departme	ntofs@201/19/0701039023 ***2	50.00
				ay 1, 2007	ADDITIONIC/OHANGES	
9. 100	MANAGING MEMBE	Delete	10. Jili	1	ADDITIONS/CHANGES	ange Addition
NAMC	DICKINSON, J. EDWARD	LLI GOIOM	NAM		_	<i>"</i> —
STREET ADDRESS CITY ST-ZIP	210-B SOUTH MAC DILL AVE			ELLADDRESS ST. ZIP		-
UII SI-ZIF	TAMPA FL 33609	□ Delete	1111		☐ Ch	ange Addition
NAME		□ Detete:	NAM			
STREET ADDRESS	•			L'EADDRESS (-ST-ZIP		
CITY ST-ZIP		☐ Delete	III	<del></del>	Ch	ange 🔲 Addition
NAM		□ beide	NA.			
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NAME:			NAN			
STREET ADDRESS CITY S1-ZIP			CHY	EFT ADDRESS 7-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.						
2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
SIGNATURE:  SIGNATURE:  SIGNATURE AND PPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Doid  Digital Digital Phole 8						