2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086453

1. Entity Name

LOUDON COUNTY HOLDINGS, LLC



FILED Jun 06, 2008 08:00 AM Secretary of State

Principal Place of Business

19422 38TH COURT SUNNY ISLES, FL 33160 Mailing Address

19422 38TH COURT SUNNY ISLES, FL 33160



DO NOT WRITE IN THIS SPACE

05272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For 20-3394406 Not Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAHRAMI, MICHAEL 19422 38TH COURT SUNNY ISLES, FL 33160

DO NOT WRITE IN THIS SPACE

			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 a	nd fille if applicable INOTE Registere	id Agent signature required when reinstating) DATE
FILE NOWIII FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.19 liability company did not reco			193(2)(b), F.S., the limited ceive the prior notice.
9.	MANAGING MEMBE	RS/MANAGERS	
TITLE	MGR		1
NAME	BAHRAMI, MATHEW		U00000352863
STREET ADDRESS	19422 38TH COURT		W00000352863 06/06/08-80001-012 138.75
CITY-ST-ZIP	SUNNY ISLES, FL 33160		
TITLE	MGR		
NAME	BAHRAMI, MICHAEL M		
STREET AUDRESS	19422 38TH COURT		
CHY-ST-ZIP	SUNNY ISLES, FL 33160		
TITLE			
NAME			
STREET ADDRESS			DO NOT WRITE
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CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling 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 pacturate 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 hability company of the receiver or trustee ampowered to execute this report as required by Chapter 608. Florida Statutes.

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

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