

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90129 008 \*\*\*143.75

**DOCUMENT # L05000001039**

1. Entity Name  
**PHARLO IP, LLC**



Principal Place of Business

**96 WILLARD STREET  
SUITE 101  
COCOA, FL 32922 US**

Mailing Address

**96 WILLARD STREET  
SUITE 101  
COCOA, FL 32922 US**

**DO NOT WRITE IN THIS SPACE**



01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-2098404**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DICKINSON, DAVID L  
96 WILLARD STREET  
SUITE 101  
COCOA, FL 32922**

**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	MGR
NAME	DICKINSON, DAVID L
STREET ADDRESS	96 WILLARD ST STE 101
CITY-ST-ZIP	COCOA, FL 32922
TITLE	MGR
NAME	CUMMINS, BARRY
STREET ADDRESS	96 WILLARD ST STE 101
CITY-ST-ZIP	COCOA, FL 32922
TITLE	MGR
NAME	CREASEY, DAVID
STREET ADDRESS	96 WILLARD ST STE 101
CITY-ST-ZIP	COCOA, FL 32922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

Date

Daytime Phone #

4/4/08

321 639 0771