

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025902

Entity Name: PATRICIA G. LOPEZ, LLC

FILED  
Jul 11, 2008  
Secretary of State

**Current Principal Place of Business:**

406 SOUTH RANGER BLVD  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4179  
WINTER PARK, FL 32793

**New Mailing Address:**

FEI Number: 56-2506144      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:**

LOPEZ, PATRICIA G  
406 SOUTH RANGER BLVD  
WINTER PARK, FL 32792      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:**

Title: MGRM ( ) Delete  
Name: LOPEZ, PATRICIA G  
Address: 405 SOUTH RANGER BLVD  
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM ( ) Delete  
Name: FUSILLO, CARLA C  
Address: 185 TEILA DR  
City-St-Zip: DALLASTOWN, PA 17313

**ADDITIONS/CHANGES:**

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

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: PATRICIA G. LOPEZ

MGMB

07/11/2008

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