


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90054 011 ***138.75

DOCUMENT # L05000026936 1. Entity Name LOGICAL INVESTMENTS LLC			
Principal Place of Business 2171 PINE RIDGE ROAD NAPLES, FL 34109		Mailing Address 2171 PINE RIDGE ROAD NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box # 1250 Pine Ridge Rd.		3. Mailing Address 1250 Pine Ridge Rd.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Naples, FL		City & State Naples, FL	
Zip 34108		Zip 34108	
Country 		Country 	
4. FEI Number 20-2520026		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEACH, GREGORY E 1250 PINE RIDGE RD. NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 LEACH, GREGORY E 1250 Pine Ridge Rd NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		Date: 2-7-08 Daytime Phone #: 239-5667676	