



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90020 040 \*\*\*138.75

DOCUMENT # L05000032895					
<b>1. Entity Name</b> LARMORE LLC					
<b>Principal Place of Business</b> 2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSTINE, FL 32084			<b>Mailing Address</b> 2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSTINE, FL 32084		
<b>2. Principal Place of Business - No P.O. Box #</b> 2825 Lewis Speedway Suite, Apt. #, etc. Suite 104 City & State St. Augustine, FL Zip 32084		<b>3. Mailing Address</b> 2825 Lewis Speedway Suite, Apt. #, etc. Suite 104 City & State St. Augustine, FL Zip 32084		60038211  	
<b>4. FEI Number</b> 03062008 Chg-LLC CR2E083 (12/06) 20-2615598				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b> OCONNELL, WILLIAM H 2200 N PONCE DE LEON BLVD SUITE 10 ST AUGUSTINE, FL 32084			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2825 Lewis Speedway Suite 104 City St. Augustine, FL Zip Code 32084		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHDJI, FARID		NAME		
STREET ADDRESS	45 ANASTASIA LAKES DR		STREET ADDRESS		
CITY - ST - ZIP	ST AUGUSTINE, FL 32080		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LECLAIR, LAURA J		NAME		
STREET ADDRESS	5492 W BAYSHORE DR		STREET ADDRESS		
CITY - ST - ZIP	PORT ORANGE, FL 32127		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLEMP, LARRY B		NAME		
STREET ADDRESS	5492 W BAYSHORE DR		STREET ADDRESS		
CITY - ST - ZIP	PORT ORANGE, FL 32137		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #