

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000034222

1. Entity Name
OSPREY MONEY MANAGEMENT L.L.C.



Principal Place of Business
918 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

Mailing Address
918 S. WASHINGTON AVE.
TITUSVILLE, FL 32780



06062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0385982

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAYTOR, KASEY J
918 S WASHINGTON AVE
TITUSVILLE, FL 32780

**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 _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U000000766262
06/13/07-80003-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CLAYTOR, KASEY J
918 S WASHINGTON AVE.
TITUSVILLE, FL 32780

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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NAME
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CITY- ST- ZIP

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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

Kasey Claytor
Kasey Claytor

Managing Member
Managing Member

6-6-07 321-383-4005