

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000040551

Entity Name: 180 DEGREES LLC

**FILED**  
**Apr 04, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

P O BOX 618221  
ORLANDO, FL 32861

**New Principal Place of Business:**

P.O.BOX 618221  
ORLANDO, FL 32861

**Current Mailing Address:**

P O BOX 618221  
ORLANDO, FL 32861

**New Mailing Address:**

FEI Number: 20-2731916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTIN, MIRTHA V CPA  
420 SOUTH COUNTRY CLUB ROAD  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

WOOD, LAURA J CPA  
841 DOUGLAS AVE.  
SUITE 104  
ALTAMONTE SPRINGS, FL 32714 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: MILAGROS VIRGINIA SOLIS

04/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOLIS, MILAGROS  
Address: P O BOX 618221  
City-St-Zip: ORLANDO, FL 32861

**ADDITIONS/CHANGES:**

Title: OWNE (X) Change ( ) Addition  
Name: SOLIS, MILAGROS V  
Address: P O BOX 618221  
City-St-Zip: ORLANDO, FL 32861

I hereby certify that the information supplied with this filing does not qualify for the 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: MILAGROS VIRGINIA SOLIS

OWNE

04/04/2006

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