

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000045727

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** RUDY DONOFRIO AND ASSOCIATES LLC

**Current Principal Place of Business:**

201 BENT ARROW DRIVE  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

548 MARY ESTHER CUTOFF  
# 341  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 04-3816499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVAK, TOM  
5524 MOSSY TOP WAY  
TALLAHASSEE, FL 32303 US

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

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: MGR ( ) Delete  
Name: DONOFRIO, RUDY  
Address: 201 BENT ARROW DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: MGR ( ) Delete  
Name: COMBS, KRISTINA  
Address: 6331 FAIRMOUNT AVENUE #402  
City-St-Zip: EL CERRITO, CA 94530

**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: RUDY DONOFRIO

MGR

04/26/2007

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