

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000065505**

1. Entity Name

MARTIN, CONDON & MENDONCA, P.L.



Principal Place of Business

7515 STATE ROAD 52, #102  
HUDSON, FL 34667

Mailing Address

7515 STATE ROAD 52, #102  
HUDSON, FL 34667



01312008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-3115743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MENDONCA, HUGO  
7515 STATE ROAD 52, #102  
HUDSON, FL 34667

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000903782  
04/30/08-80059-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MENDONCA, HUGO
STREET ADDRESS	7515 STATE RD 52 SUITE 102
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	MGRM
NAME	CONDON, JAMES
STREET ADDRESS	7515 STATE RD 52 SUITE 102
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	MGRM
NAME	MARTIN, LAURENCE
STREET ADDRESS	7515 STATE RD 52 SUITE 102
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

4/9/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #