


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

06-27-2008 90057 003 \*\*\*143.75

<b>DOCUMENT # L05000070708</b>	
1. Entity Name <b>MIO, LLC</b>	

Principal Place of Business <b>4045 CLARK RD SARASOTA, FL 34233</b>	Mailing Address <b>13808 SIENA LOOP BRADENTON, FL 34202</b>
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**DO NOT WRITE IN THIS SPACE**

06182008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-3165554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VALENTINO, MICHAEL T  
13808 SIENA LOOP  
BRADENTON, FL 34202**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALENTINO, MICHAEL T 13808 SIENA LOOP BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VALENTINO, TONI 13808 SIENA LOOP BRADENTON, FL 34202
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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      Date      Daytime Phone #