

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90169 045 ***138.75

DOCUMENT # L05000079664 1. Entity Name CONTEMPO PROPERTY MANAGEMENT ONE, LLC																																
Principal Place of Business 43344 HIGHWAY 27 DAVENPORT, FL 33837			Mailing Address 43344 HIGHWAY 27 DAVENPORT, FL 33837																													
2. Principal Place of Business - No P.O. Box # 2491 Heritage Green Ave.		3. Mailing Address 2491 Heritage Green Ave.																														
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																														
City & State Davenport, FL		City & State Davenport, FL		4. FEI Number 20-3300713																												
Zip 33837		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																												
6. Name and Address of Current Registered Agent WHERRETT, DONALD 43344 HIGHWAY 27 DAVENPORT, FL 33837			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																													
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 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>D WHERRETT, DONALD</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>43344 HWY 27</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVENPORT, F 33837</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	D WHERRETT, DONALD	<input type="checkbox"/>	STREET ADDRESS	43344 HWY 27		CITY-ST-ZIP	DAVENPORT, F 33837		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>MGRM</td> <td><input type="checkbox"/> <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Chris Oglesby</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>2491 Heritage Green Avenue</td> <td></td> </tr> <tr> <td></td> <td>Davenport, FL 33837</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	Change Addition	NAME	MGRM	<input type="checkbox"/> <input checked="" type="checkbox"/>	STREET ADDRESS	Chris Oglesby		CITY-ST-ZIP	2491 Heritage Green Avenue			Davenport, FL 33837	<input type="checkbox"/> <input type="checkbox"/>
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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: <u>Chris Oglesby</u> 04/14/2008. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																

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