

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081875

FILED  
May 01, 2007  
Secretary of State

Entity Name: LATOR LLC

**Current Principal Place of Business:**

1869 MERLOT DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1869 MERLOT DRIVE  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

L.AJEUNESSE, MARC  
1869 MERLOT DRIVE  
SANFORD, FL 32771    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      ADRIANA, TORRES  
Address:                      1869 MERLOT DRIVE  
City-St-Zip:                      SANFORD, FL 32771

Title:                      MGR                      ( ) Delete  
Name:                      MARC, LAJEUNESSE  
Address:                      1869 MERLOT DRIVE  
City-St-Zip:                      SANFORD, FL 32771

**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: MARC LAJEUNESSE

P

05/01/2007

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