

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087052

FILED
Jul 07, 2008
Secretary of State

Entity Name: ACONDO, LLC

Current Principal Place of Business:

1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-4664006 FEI Number Applied For () 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:

LINDSEY, WM. SCOTT
1407 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: TEMPLES, JAMIE
Address: 1407 PIEDMONT DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LINDSEY, WM. SCOTT
Address: 1407 PIEDMONT DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BOYD, JOSEPH R
Address: 140 PIEDMONT DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32308

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: JAMIE TEMPLES

MGMR

07/07/2008

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