2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# L05000088350

Entity Name: FODALE GROUP OF FLORIDA, LLC

Current Principal Place of Business:

1919 NORTH WEST 40TH COURT
POMPANO BEACH, FL 33064

New Principal Place of Business:

1913A NORTH WEST 40TH COURT
POMPANO BEACH, FL 33064

Current Mailing Address:

1919 NORTH WEST 40TH COURT
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-3427958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEVEN, TORRES W
1913A NW 40TH COURT
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: FODALE, CHRISTINE
Address: 1919 NORTH WEST 40TH COURT
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR ( ) Delete
Name: FORD, NATHAN
Address: 1919 NORTH WEST 40TH COURT
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGR ( ) Delete
Name: TORRES, STEVEN W
Address: 1919 NORTH WEST 40TH COURT
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

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

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: STEVEN W TORRES MGR 04/18/2008

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