

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000098860

1. Entity Name
EDP & ASSOCIATES, LLC



Principal Place of Business
**3418 DECK STREET
PORT CHARLOTTE, FL 33981**

Mailing Address
**3418 DECK STREET
PORT CHARLOTTE, FL 33981**

DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
56-2551498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE PAIVA, EDWARD
3418 DECK STREET
PORT CHARLOTTE, FL 33981**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MR
DE PAIVA, EDWARD
3418 DECK STREET
PORT CHARLOTTE, FL 33981**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/17/07-80081-008 50.00

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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: *Edward de Paiva*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/07 *941-661-5321*
Date Daytime Phone #