

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116737

FILED
Jul 12, 2008
Secretary of State

Entity Name: EZ SELL 4U LLC

Current Principal Place of Business:

1101 BELCHER RD S
SUITE A
LARGO, FL 33771

New Principal Place of Business:

Current Mailing Address:

18 GLENDALE STREET
APT 1
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 02-0761591 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:

OGILVIE, SCOTT M
18 GLENDALE STREET
APT 1
CLEARWATER, FL 33767 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: MGRM () Delete
Name: OGILVIE, SCOTT
Address: 18 GLENDALE STREET
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM () Delete
Name: FABRICAND, LORRAINE
Address: 3078 SUMNER WAY
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM () Delete
Name: SHELTON, SUZANNE
Address: 2501 1ST ST. #E
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: SCOTT OGILVIE

MGRM

07/12/2008

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