

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009456

Entity Name: C O'CONNOR, LLC

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

24016 STARLING CIRCLE
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

24016 STARLING CIRCLE
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 20-4190048 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:

O'CONNOR, CHERYL
24016 STARLING CIRCLE
LAND O LAKES, FL 34639 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: O'CONNOR, CHERYL
Address: 24016 STARLING CIRCLE
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM () Delete
Name: TRUELOVE, ROCHESTER
Address: 16025 SHOREWOOD DR.
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: BEATON, JOSHUA F
Address: 6632 HIVON RD
City-St-Zip: CARLTON, MI 48117

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: CHERYL A. O'CONNOR

MM/M

05/06/2008

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