

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019968

Entity Name: LANDAC, L.L.C.

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

8052 LINKS WAY
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

8052 LINKS WAY
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-4394028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANFIL, WALTER J
8052 LINKS WAY
PORT ST. LUCIE, FL 34986 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: MGRM () Delete
Name: PANFIL, WALTER J
Address: 8052 LINKS WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: GASDOW, STANLEY
Address: 447 S.E. 22ND DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PART (X) Change () Addition
Name: PANFIL, RUTH
Address: 8052 LINKS WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PART () Change (X) Addition
Name: BERTHY, RICHARD
Address: 36 NEWELL RIDGE ROAD
City-St-Zip: CUMBERLAND CENTER, ME 04021 39

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER J PANFIL

MGR

02/27/2007

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