

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # L06000020657

1. Entity Name
LOGOCRETE SYSTEMS, LLC



Principal Place of Business
2110 N OCEAN BLVD
SUITE 10E
FORT LAUDERDALE, FL 33305 US

Mailing Address
2110 N OCEAN BLVD
SUITE 10E
FORT LAUDERDALE, FL 33305 US



02202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5156198

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KING, ROBERT L
2780 E OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FENNESSY, P. MICHAEL
STREET ADDRESS 2110 N OCEAN BLVD, SUITE 10E
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE MGRM
NAME FENNESSY, KAREN REITH
STREET ADDRESS 2110 N OCEAN BLVD, SUITE 10E
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

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U00000862908
04/03/08-80071-012 138.75

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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: *P. Michael Fennessy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #