

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021901

Entity Name: LEGALEYES, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

11920 FAIRWAY LAKES DRIVE
SUITE 2
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11920 FAIRWAY LAKES DRIVE
SUITE 2
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 20-4396374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURCOTTE, SUSAN
11920 FAIRWAY LAKES DRIVE
SUITE 2
FORT MYERS, FL 33913 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: MGR () Delete
Name: PARK, ANDREW K
Address: 14560 DUKE HWY
City-St-Zip: ALVA, FL 33920

Title: MGR () Delete
Name: VEACH, ROBERT G
Address: 28589 RISORSO PLACE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR () Delete
Name: TURCOTTE, SUSAN T
Address: 21648 BERWHICH RUN
City-St-Zip: ESTERO, FL 33928

Title: MGR () Delete
Name: WERMANN, JOHN
Address: 11200 RUDEN ROAD
City-St-Zip: FORT MYERS, FL 33917

Title: MGR () Delete
Name: BONILLA, ROY
Address: 1227 SE 47TH STREET
City-St-Zip: CAPE CORAL, FL 33904

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:

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: SUSAN TURCOTTE

MGR

04/23/2008

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