


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90030 043 ****50.00

| | |
|--------------------------------------|---|
| DOCUMENT # L06000039224 |  |
| 1. Entity Name OPTIMO, LLC | |

| | |
|---|---|
| Principal Place of Business 12995 SOUTH CLEVELAND AVENUE SUITE 141, #168 FORT MYERS FL 33907 US | Mailing Address 12995 SOUTH CLEVELAND AVENUE SUITE 141, #168 FORT MYERS FL 33907 US |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # 1616-102 W. Cape Coral Pkway | 3. Mailing Address 1616-102 W. Cape Coral Pkway |
| Suite, Apt. #, etc. PO Box #179 | Suite, Apt. #, etc. PO Box #179 |

1st MOORE CR2E083 (10/06)

| | | | |
|---------------------------------------|---------------------------------------|------------------------------------|--|
| City & State Cape Coral, FL | City & State Cape Coral, FL | 4. FEI Number 20-4934559 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33914 | Country USA | Zip 33914 | Country USA |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent ST. CYR, JAMES 13130 WHITE MARSH LANE FORT MYERS FL 33912 | 7. Name and Address of New Registered Agent Name James St. Cyr Street Address (P.O. Box Number is Not Acceptable) 1623 S.W. 33rd Terrace City Cape Coral FL Zip Code FL 33914 |
|---|--|

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: *James St. Cyr* (NOTE: Registered Agent signature required when registering) DATE: 4-7-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | MGR <input type="checkbox"/> Delete RESULTS MANAGEMENT GROUP INCORPORATED 12995 S CLEVELAND AVE, STE 141, #168 FORT MYERS FL 33907 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James St. Cyr* DATE: 4-7-07 DAYTIME PHONE #: 239-542-5534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #