

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064427

Entity Name: AMY M. SAILER, LMT, LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

1420 WATERSIDE LANE  
APT 307  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

6500 TANGLEWOOD BAY DR. #2013  
ORLANDO, OR 32821

## Current Mailing Address:

1420 WATERSIDE LANE  
APT 307  
CASSELBERRY, FL 32707 US

## New Mailing Address:

6500 TANGLEWOOD BAY DR. #2013  
ORLANDO, FL 32821

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAILER, AMY M  
1420 WATERSIDE LANE  
APT 307  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

SAILER, AMY M  
6500 TANGLEWOOD BAY DR. #2013  
APT 307  
ORLANDO, FL 32821 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: AMY M. SAILER

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SAILER, AMY M  
Address: 1420 WATERSIDE LANE APT 307  
City-St-Zip: CASSELBERRY, FL 32707 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SAILER, AMY M  
Address: 6500 TANGLEWOOD BAY DR. #2013  
City-St-Zip: ORLANDO, FL 32821

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: AMY M. SAILER

OWNE

04/30/2008

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