

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076330

Entity Name: MY OFFICIAL LLC

FILED  
Sep 14, 2007  
Secretary of State

**Current Principal Place of Business:**

4409 HOFFNER AVE, SUITE 317  
ORLANDO, FL 32812

**New Principal Place of Business:**

**Current Mailing Address:**

4409 HOFFNER AVE, SUITE 317  
ORLANDO, FL 32812

**New Mailing Address:**

4446 CURRY FORD RD  
ORLANDO, FL 32812

FEI Number: 20-5320398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BERNAL, PABLO L  
4409 HOFFNER AVE, SUITE 317  
ORLANDO, FL 32812      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: BERNAL, PABLO L  
Address: 4409 HOFFNER AVE, SUITE 317  
City-St-Zip: ORLANDO, FL 32812

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

**ADDITIONS/CHANGES:**

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

Title: MGRM      ( ) Change (X) Addition  
Name: BERNAL, MARISA  
Address: 6 S. LAWSONA BLVD  
City-St-Zip: ORLANDO, FL 32801

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: PABLO BERNAL

MGR

09/14/2007

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