

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082946

FILED  
Jun 11, 2007  
Secretary of State

Entity Name: ORGANIZE THIS LLC

## Current Principal Place of Business:

1610 GULFVIEW DR  
MAITLAND, FL 32751 US

## New Principal Place of Business:

627 INTERLACHEN AVE  
WINTER PARK, FL 32789 US

## Current Mailing Address:

1610 GULFVIEW DR  
MAITLAND, FL 32751 US

## New Mailing Address:

P O BOX 2257  
WINTER PARK, FL 32790 US

FEI Number: 20-5423891      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

WYATT, SHIELA M  
1610 GULFVIEW DR  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

WYATT, SHIELA M  
627 INTERLACHEN AVE  
WINTER PARK, FL 32789 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: SHIELA M WYATT

06/11/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WYATT, SHIELA M  
Address: 1610 GULFVIEW DR  
City-St-Zip: MAITLAND, FL 32751 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WYATT, SHIELA M  
Address: 627 INTERLACHEN AVE  
City-St-Zip: WINTER PARK, FL 32789 US

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: SHIELA M WYATT

MGRM

06/11/2007

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