

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000084509

Entity Name: OUR TEAM MGMT., LLC

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1701 ALDEN ROAD  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1701 ALDEN ROAD  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 37-1531414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROBINSON, MARIA E  
19580 PADDOCK STREET  
ORLANDO, FL 32833 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: MGRM  
Name: ROBINSON, MARIA E  
Address: 19580 PADDOCK STREET  
City-St-Zip: ORLANDO, FL 32733

Title: MGRM  
Name: EVANS, NEILL H  
Address: 261 SUTHERLAND CT  
City-St-Zip: APOPKA, FL 32712

Title: MGRM  
Name: GREGORICH, JAMES  
Address: 215 LOTUS DR.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM  
Name: ROOT, GREGORY  
Address: 3909 LK DRAWDY DR  
City-St-Zip: ORLANDO, FL 32820

Title: MGRM  
Name: WILES, STEVE  
Address: 7862 ST. ANDREWS CIRCLE  
City-St-Zip: ORLANDO, FL 32835

I hereby 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: MARIA E. ROBINSON

MGRM

01/14/2010

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