

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101431

Entity Name: ANDIAMO, LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

4300 MARSH LANDING BLVD., STE. 202  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

4300 MARSH LANDING BLVD  
STE. 202  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

4300 MARSH LANDING BLVD., STE. 202  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

4300 MARSH LANDING BLVD.  
STE. 202  
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-5723914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATTERSON, ANDERSON & FELDMAN, P.A.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US

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

HATHAWAY & REYNOLDS, PA  
115 PROFESSIONAL DRIVE  
SUITE 101  
PONTE VEDRA, FL 32082 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: HEATHER M. REYNOLDS

04/28/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOVE, GABRIEL M  
Address: 4300 MARSH LANDING BLVD., STE. 202  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

**ADDITIONS/CHANGES:**

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

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: GABRIEL M. BOVE

MGR

04/28/2008

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