

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 20, 2007 8:00 am
Secretary of State

07-12-2007 90009 016 *****50.00

DOCUMENT # L06000105374

1. Entity Name

LADY MEDINA INVESTIGATIONS, LLC



Principal Place of Business

2709 CRANBROOK AVE.
NORTH PORT FL 34286

Mailing Address

2709 CRANBROOK AVE.
NORTH PORT FL 34286

2. Principal Place of Business - No P.O. Box #

2709 Cranbrook Avenue

3. Mailing Address

2709 Cranbrook Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, Florida

City & State

North Port, Florida

Zip

34286

Country

U.S.A.

Zip

34286

Country

U.S.A.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEDINA, GINA I MRS.
2709 CRANBROOK AVENUE
NORTH PORT FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gina India Medina

Gina India Medina

8/14/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President/CEO
Gina India Medina
2709 Cranbrook Avenue
North Port, Florida 34286

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Gina India Medina* *Gina India Medina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/14/07

Date

941-286-4816

Daytime Phone #