

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112999

FILED
Aug 30, 2008
Secretary of State

Entity Name: OFFICE4YOU, LLC

Current Principal Place of Business:

3012 E. COMMERCIAL BLVD.
100
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

5249 N. DIXIE HWY
D1
FORT LAUDERDALE, FL 33334

Current Mailing Address:

3012 E. COMMERCIAL BLVD.
100
FORT LAUDERDALE, FL 33308

New Mailing Address:

5249 N. DIXIE HWY
D1
FORT LAUDERDALE, FL 33334

FEI Number: 20-5948720 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:

ELO ENTERPRISES, INC.
301 CRAWFORD BLVD.
201-A
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

ELO ENTERPRISES, INC.
301 CRAWFORD BLVD.
206
BOCA RATON, FL 33432 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: LYSLEI CHIRICO

08/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIMENTA, LEILA R
Address: 3655 N.E. 32ND AVE. #212
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIMENTA, LEILA R
Address: 5249 N. DIXIE HWY #D1
City-St-Zip: FORT LAUDERDALE, FL 33334

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: LEILA R. PIMENTA

MGRM

08/30/2008

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