

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000116651

1. Entity Name
SLO-ML, LLC



Principal Place of Business
115 JUNO STREET
JUPITER, FL 33458

Mailing Address
115 JUNO STREET
JUPITER, FL 33458



04172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8088311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVERSA, JEFFREY N
218 U. S. HIGHWAY #1
TEQUESTA, FL 33469

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IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when renesting)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	OLDHAM, STEPHEN L
STREET ADDRESS	115 JUNO STREET
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	MGR
NAME	LUETKEMEYER, MICHAEL
STREET ADDRESS	17489 SE CONCH BAR AVENUE
CITY- ST- ZIP	TEQUESTA, FL 33469
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000918340
05/13/08-80077-021 138.75

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IN THIS SPACE**

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: _____

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

4/17/08 (561) 746-4504

Date

Daytime Phone #