

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000118538**

1. Entity Name  
**ODEGARD, LLC**



**FILED  
Jul 23, 2008 08:00 AM  
Secretary of State**

Principal Place of Business  
**1819 MAIN STREET, SUITE 602  
SARASOTA, FL 34236**

Mailing Address  
**1819 MAIN STREET, SUITE 602  
SARASOTA, FL 34236**



07162008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0626302** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ODEGARD, ERIC J  
1819 MAIN STREET, SUITE 602  
SARASOTA, FL 34236**

**DO NOT WRITE  
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

**7.17.2008**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000956125  
07/23/08-80004-012 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ODEGARD, ERIC J
STREET ADDRESS	1819 MAIN STREET, SUITE 602
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	ODEGARD, LYNN
STREET ADDRESS	1819 MAIN STREET, SUITE 602
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

**7.17.2008**

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

Date

Daytime Phone #