

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118538

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** ODEGARD, LLC

**Current Principal Place of Business:**

2989 FRUITVILLE ROAD  
SUITE 103  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

2989 FRUITVILLE ROAD  
SUITE 103  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** 51-0626302      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ODEGARD, ERIC J ERIC OD  
1434 KIMLIRA LANE  
SARASOTA, FL 34231      US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ODEGARD, ERIC J ERIC OD  
**Address:** 1434 KIMLIRA LANE  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** MGR  
**Name:** ODEGARD, LYNN E ERIC OD  
**Address:** 1434 KIMLIRA LANE  
**City-St-Zip:** SARASOTA, FL 34231

I hereby 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:** ERIC ODEGARD

PRES

04/18/2011

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