

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000377

FILED
Apr 02, 2008
Secretary of State

Entity Name: 20/20 RAD, LLC

Current Principal Place of Business:

2400 HARBOR BLVD STE 7
PUNTA GORDA, FL 33950

New Principal Place of Business:

24422 TANGERINE AVENUE
PORT CHARLOTTE, FL 33980

Current Mailing Address:

99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 20-8229990

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: RIGHI, ALBERTO
Address: 24422 TANGERINE AVENUE;E;
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM () Change (X) Addition
Name: JAKOBSON, PEETER
Address: 114 AVENUE EAST
City-St-Zip: MARATHON, FL 33050

Title: MGRM () Change (X) Addition
Name: SCHERER, JAMES L
Address: 5017 CAPTIVA COURT
City-St-Zip: PUNTA GORDA, FL 33950

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: ALBERTO RIGHI

MGRM

04/02/2008

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