

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002200

Entity Name: WE DO IT 4 U, LLC

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

324 HAZELTINE DRIVE  
DEBARY, FL 32713

## New Principal Place of Business:

2205 STERLING CREEK PARKWAY  
OVIEDO, FL 32766

## Current Mailing Address:

324 HAZELTINE DRIVE  
DEBARY, FL 32713 US

## New Mailing Address:

2205 STERLING CREEK PARKWAY  
OVIEDO, FL 32766

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

MACFARLANE, KRISTINA R  
324 HAZELTINE DRIVE  
DEBARY, FL 32713 US

## Name and Address of New Registered Agent:

MACFARLANE, KRISTINA R  
2205 STERLING CREEK PARKWAY  
OVIEDO, FL 32766 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: KRISTINA R. MACFARLANE

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MACFARLANE, KRISTINA R  
Address: 324 HAZELTINE DRIVE  
City-St-Zip: DEBARY, FL 32713 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MACFARLANE, KRISTINA R  
Address: 2205 STERLING CREEK PARKWAY  
City-St-Zip: OVIEDO, FL 32766 US

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: KRISTINA R. MACFARLANE

MGRM

05/01/2008

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