

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011530

Entity Name: ORCHIDEM THERAPY LLC

FILED  
Apr 25, 2008  
Secretary of State

## Current Principal Place of Business:

C/O SCHENK & ASSOCIATES, PLC  
995 N. COLLIER BLVD.  
MARCO ISLAND, FL 34145

## New Principal Place of Business:

24885 SEGOVIA COURT  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

24885 SEGOVIA COURT  
BONITA SPRINGS, FL 34143

## New Mailing Address:

24885 SEGOVIA COURT  
BONITA SPRINGS, FL 34135

FEI Number: 56-2672837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOEFFLER, MARENA  
C/O ALLURE ACCOUNTING, LLC  
3665 BONITA BEACH ROAD, SUITE 3  
BONITA SPRINGS, FL 34143 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: MGRM ( ) Delete  
Name: SCHMID, SOFIA  
Address: 995 N. COLLIER BLVD.  
City-St-Zip: MARCO ISLAND, FL 34145

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCHMID, SOFIA  
Address: 24885 SEGOVIA COURT  
City-St-Zip: BONITA SPRINGS, FL 34135

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: SOFIA SCHMID

MGRM

04/25/2008

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