

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023590

FILED
Apr 07, 2008
Secretary of State

Entity Name: LINDA D CLOWARD MESSAGE,LLC

Current Principal Place of Business:

16393 YORKSHIRE DRIVE
LOXAHATCHEE, FL 33470

New Principal Place of Business:

12693 WESTHAMPTON CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

16393 YORKSHIRE DRIVE
LOXAHATCHEE, FL 33470

New Mailing Address:

12693 WESTHAMPTON CIRCLE
WELLINGTON, FL 33414

FEI Number: 77-0672529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOWARD, LINDA D
16393 YORKSHIRE DRIVE
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

CLOWARD, LINDA D
12693 WESTHAMPTON CIRCLE
WELLINGTON, FL 33414 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: LINDA D. CLOWARD

04/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLOWARD, LINDA D
Address: 16393 YORKSHIRE DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLOWARD, LINDA D
Address: 12693 WESTHAMPTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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: LINDA D. CLOWARD

MGR

04/07/2008

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