


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90406 002 \*\*\*138.75

**DOCUMENT # L07000028981**


1. Entity Name  
**KARLA E. VALLADARES, ATTORNEY AT LAW, LLC**



Principal Place of Business      Mailing Address  
**8937 WEST COLONIAL DRIVE**      **7919 WELLSMERE CIRCLE**  
**OCOOE FL 34761**      **ORLANDO FL 32835**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**10125 W. Colonial Dr.**      **10125 W. Colonial Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**218**      **218**

City & State      City & State  
**DCOEE, Florida**      **DCOEE, Florida**  
 Zip      Country      Zip      Country  
**34761**      **USA**      **34761**      **USA**



1st MOORE      CR2E083 (10/07)

4. FEI Number      Applied For  
**02-0803201**       Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**VALLADARES, KARLA E**  
**7919 WELLSMERE CIRCLE**  
**ORLANDO FL 32835**

7. Name and Address of New Registered Agent  
 Name  
**N/A**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karla E. Valladares*      *Karla E. Valladares, MGRM*      DATE *1/28/08*

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALLADARES, KARLA E 7919 WELLSMERE CIRCLE ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Karla E. Valladares*      MGRM      1/28/08      (407) 253-4550  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Office Phone #  
**Karla E Valladares**