

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90021 045 ***138.75

60038256

DOCUMENT # L07000046817

1. Entity Name
EASY DOES IT PROFESSIONAL ORGANIZING, LLC



Principal Place of Business
**28108 CETATION WAY
BONITA SPRINGS, FL 34135**

Mailing Address
**28108 CETATION WAY
BONITA SPRINGS, FL 34135**

2. Principal Place of Business - No P.O. Box #
28108 Cetation Way
Suite, Apt. #, etc.

3. Mailing Address
28108 Cetation Way
Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

4. FEI Number
41-2256743

Applied For
☐ Not Applicable

Zip Country
34135 USA

Zip Country
34135 USA

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

6. Name and Address of Current Registered Agent

**KIPPY CASH, CONSTANCE
28108 CETATION WAY
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

TITLE **MGR** ☐ Delete
NAME **KIPPY CASH, CONSTANCE**
STREET ADDRESS **28108 CETATION WAY**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Constance Kippycash 4/29/08 239-494-8258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #