



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90030 036 ***138.75

DOCUMENT # L07000078430 1. Entity Name NORDELO OGDEN LAW, PLLC					
Principal Place of Business 1905 NW 26TH AVE. CAPE CORAL, FL 33993				Mailing Address 1905 NW 26TH AVE. CAPE CORAL, FL 33993	
2. Principal Place of Business - No P.O. Box # 13180 N. CLEVELAND AVE.		3. Mailing Address 13180 N. CLEVELAND AVE.			
Suite, Apt. #, etc. #209		Suite, Apt. #, etc. #209			
City & State NORTH FT. MYERS, FL		City & State NORTH FT. MYERS, FL			
Zip 33903		Country US		4. FEI Number 45-0569125	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		04232008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent OGDEN, BRIAN T 1905 NW 26TH AVE. CAPE CORAL, FL 33993				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				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OGDEN, TANIA N 1905 NW 26TH AVE. CAPE CORAL, FL 33993			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<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 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: <u>Tania Nordelo Ogd</u>				Date <u>4/25/08</u> Daytime Phone #	