2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2008
Secretary of State

DOCUMENT# L07000089267

Entity Name: MICHAEL S. LOMBARDO, L.L.C.

Current Principal Place of Business:

5418 SKYLINE BLVD
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

5418 SKYLINE BLVD
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMBARDO, MICHAEL S
5418 SKYLINE BLVD
CAPE CORAL, FL 33914 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: MGR ( ) Delete
Name: LOMBARDO, MICHAEL S
Address: 5418 SKYLINE BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: LOMBARDO, NICOLE
Address: 5418 SKYLINE BOULEVARD
City-St-Zip: CAPE CORAL, FL 33914

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: MICHAEL S. LOMBARDO MGR 06/30/2008

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