

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089267

FILED
Jan 15, 2009
Secretary of State

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:

506 SW 47TH TERRACE
CAPE CORAL, FL 33914

Current Mailing Address:

5418 SKYLINE BLVD
CAPE CORAL, FL 33914

New Mailing Address:

PO BOX 101208
CAPE CORAL, FL 33910

FEI Number: 33-1180703

FEI Number Applied For ()

FEI Number Not Applicable ()

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:

LOMBARDO, MICHAEL S
506 SW 47TH TERRACE
CAPE CORAL, FL 33914 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:

01/15/2009

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOMBARDO, MICHAEL S
Address: 506 SW 47TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change () Addition
Name: LOMBARDO, NICOLE
Address: 506 SW 47TH TERRACE
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: NICOLE LOMBARDO

MGR

01/15/2009

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