## LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # 1 07000090487

1. Entity Name
JOSEPH CARRANO + ASSOC. THUESTIGATION
AGENCY, LLC



## FILED Feb 21, 2008 8:00 am Secretary of State

02-21-2008 90069 005 \*\*\*138.75

BOR DO NOT WRITE IN THIS SPACE  TO NOT SUBTRICTIONS  IN A FEI Number 75-325 39 93  A FEI Number 75-325 39 93  A FEI Number 75-325 39 93  Story A Spain Secretary Screening Story Address of Country South Applicable For Required Spain Address of Country South Applicable For Required Spain Address of Country South Applicable For Required Spain Address of Country South Address of Country South Address of Country For Required For Registered Agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent.  SIGNATURE For Required For Required For Required For Registered	2. Principal Place of Business - No P.O. Box #  927 E. NEW HAVEN AVE  Suite, Apt. #, etc.	N THIS SP  D. Mailing Address  927 E. NOW H. Suite, Apt. #, etc.	<u> </u>	6000	9746 CR2E083B (12	V(07)
MELBOULUS FL. MeLBOULUS FL. 75-3353943 National Flat 20 Country 3290   BREVIAND   S. Conflicted of Status Desired   S.50.0 Additional Fee Required   See Required   S.50.0 Additional Fee Regular   S.50.0 Add						
The above named entry 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 agent and the accitation.  SIGNATURE  SIGNAL THE STATE AGENCY  Make Check Payable to Florida Department of State  SIGNATURE	MELBOULNE FL. MCLBOURNE F				19.4.3	Not Applicable
Name Joseph Carrier  IN THIS SPACE  Super Address (P.O. Box Number is Not Acceptable)  Super Address (P.O. B			,	1		Fee Required
DO NOT WRITE IN THIS SPACE  Signed Address (P.O. Box Number is Not Acceptable)  Signed Address (P.O. Box Number is Not Acc	6. Name 7			P		
IN THIS SPACE    Suite 302   City   Balance   FL   Zin Code 3360						
SIGNATURE  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  After May 1, Fee is \$538.75  After May 1, Fee	IN THIS SPA	Street Address タシフェル	Street Address (P.O. Box Number is Not Acceptable)  927 E NEW HAVEN AVE			
B. 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 choligations of registered agent.  SIGNATURE    Signature higher or prefer registered agent and life if another by the changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the choligations of registered agent.    Signature higher or prefer registered agent.   DATE		Suite	202			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature lipida or printer name of impartent agent and life i applicable.  DATE  January 1 - May 1 Fee is \$138.75  After May 1, Fee is \$538.75  Amended AR Is \$50.00  Make Check Payable to Florida Department of State  9		City	City FL Zip Code 3290/			
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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: MOR COLLIGION MOR JOSEPH CARRADO 3-14-0F 32/723-0/20