2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2008
Secretary of State

DOCUMENT# L07000097033

Entity Name: CORDROFFE, LLC

Current Principal Place of Business:

5505 DALE MABRY HWY
627
TAMPA, FL 33611

New Principal Place of Business:

8301 RIVER OAKS CT
TAMPA, FL 33617

Current Mailing Address:

P O BOX 130183
TAMPA, FL 33611

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOODROFFE, BEVON
5505 DALE MABRY HWY
627
TAMPA, FL 33 US

Name and Address of New Registered Agent:

WOODROFFE, BEVON
10504 WHITE LAKE CT
TAMPA, FL 33626 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: _____ 08/20/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CORDOBA, BENJAMIN S
Address: 10400 DAVIS RD APT # 3
City-St-Zip: TAMPA, FL 33637

Title: MGRM ( ) Delete
Name: WOODROFFE, BEVON
Address: 5055 DALE MARY HWY APT# 627
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WOODROFFE, BEVON
Address: 10504 WHITE LAKE CT
City-St-Zip: TAMPA, FL 33626

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: BEVON WOODROFFE MGRM 08/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date