


FILED
Apr 18, 2008 8:00 am
Secretary of State

50004790

DOCUMENT # L07000108832			
1. Entity Name ORLANDO PARALEGAL, LLC			
Principal Place of Business 1336 SPOKANE AVE ORLANDO, FL 32803		Mailing Address P.O. BOX 536448 ORLANDO, FL 32805-3	
2. Principal Place of Business - No P.O. Box # 1801 E. Colonial dr.		3. Mailing Address	
Suite, Apt. #, etc. #214		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32803	Country USA	Zip	Country
6. Name and Address of Current Registered Agent O'MARA, MARK 1416 E. CONCORD STREET ORLANDO, FL 32803		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 Signature, typed or printed name of registered agent and title if applicable (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 FOURNIER, ALICJA P.O. BOX 536448 ORLANDO, FL 32853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AGUILAR, YADIRA P.O. BOX 536448 ORLANDO, FL 32853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Alicja Fournier		4/16/08 407 446 57	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	