

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90126 021 ***138.75

DOCUMENT # L07000115509

1. Entity Name
DIGIT, BOOKKEEPING LLC.



Principal Place of Business
4106 29TH STREET SW
LEHIGH ACRES, FL 33976

Mailing Address
4106 29TH STREET SW
LEHIGH ACRES, FL 33976

60003056



2. Principal Place of Business - No P.O. Box #
4106 29th Street SW

3. Mailing Address
4106 29th Street SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008 Chg-LLC CR2E083 (12/06)

City & State Lehigh Acres, FL

City & State Lehigh Acres, FL

4. FEI Number 45-0581552

Applied For
Not Applicable

Zip 33976

Country Lee

Zip 33976

Country Lee

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHOKRI, MAHMOUD
4106 29TH STREET SW
LEHIGH ACRES, FL 33976

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 Mahmoud Shokri M. Shokri

1/18/08

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

TITLE MGR
NAME SHOKRI, MAHMOUD ☐ Delete
STREET ADDRESS 4106 29TH STREET SW
CITY-ST-ZIP LEHIGH ACRES, FL 33976

TITLE MGRM
NAME KHORRAMSHAHI, NADJMEH ☐ Delete
STREET ADDRESS 4106 29TH STREET SW
CITY-ST-ZIP LEHIGH ACRES, FL 33976

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: M. Shokri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/2008

Date

239-272-0807

Daytime Phone #