

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024901

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** MITCHELL & BOLLIGER, PLLC

**Current Principal Place of Business:**

201 S. WESTLAND AVE.  
TAMPA, FL 33606 US

**New Principal Place of Business:**

**Current Mailing Address:**

201 S. WESTLAND AVE.  
TAMPA, FL 33606 US

**New Mailing Address:**

FEI Number: 26-2132204      FEI Number Applied For ( )      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:**

**Name and Address of New Registered Agent:**

BOLLIGER, ALDO  
201 S. WESTLAND AVE.  
TAMPA, FL 33606 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOLLIGER, ALDO  
Address: 201 S. WESTLAND AVE.  
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM ( ) Delete  
Name: MITCHELL, KURT D  
Address: 201 S. WESTLAND AVE.  
City-St-Zip: TAMPA, FL 33606 US

**ADDITIONS/CHANGES:**

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

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

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: ALDO BOLLIGER

MGRM

05/01/2009

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