

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90078 043 ***138.75

DOCUMENT # L93000000180

1. Entity Name
CCL COMPETENCE CENTRE FOR LYMPHANGIOLOGY,
L.C.



Principal Place of Business
11380 PROSPERITY FARMS RD.
SUITE #215
PALM BEACH GARDENS, FL 33410

Mailing Address
11380 PROSPERITY FARMS RD.
SUITE #215
PALM BEACH GARDENS, FL 33410

60041500



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-0413427

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIETER A. THIEMANN, C.P.A., P.A.
11380 PROSPERITY FARMS RD.
SUITE #215
PALM BEACH GARDENS, FL 33410

Name

Street Bruce H. Mattson, P.A.
6400 N. Andrews Ave., Suite 320
Fort Lauderdale, FL 33309

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]

4/23/08

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME ORLANDO INVESTMENTS COMPANY
STREET ADDRESS C/O 11380 PROSP FARMS RD 215
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

[Signature]

03/27/08

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

Date

Daytime Phone #