

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -7 PM 2:22

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003008**

OVERHEAD, L.C.
~~2614 RUNYON CIRCLE~~
~~ORLANDO FL 32837~~

1a. Principal Place of Business Address

2614 RUNYON CIRCLE
ORLANDO FL 32837

2. Principal Place of Business

5448 HOFFNER AVE.

Suite, Apt. #, etc.

SUITE 304

City & State

ORLANDO FL

Zip

32812

Country

USA

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Organized or Qualified

11/30/1998

3a. State of Formation

FL

4. FEI Number

59-3550126

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

COOPER, DAVID
2614 RUNYON CIRCLE
ORLANDO FL 32837

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

400002834054-1

04/09/2005 01002-006

*FL 88.75 ***188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (Not a Registered Agent Signature, no power to bind the company)

DATE 3/23/99

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

COOPER, DAVID

2614 RUNYON CIRCLE

ORLANDO FL 32837

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND FULL LEGAL NAME OF SIGNER MANAGING MEMBER OR MANAGER

3/23/99 (407)658 9600