2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 19, 2007 08:00 AM Secretary of State

DOCUI 1. Entity Nam PO, LLC	MENT # M0500000	5565		50	ecretary of Sta	
	e of Business IA BLVD., #385 EACH, CA 90278	Mailing Address 2110 ARTESIA BLVD., #385 REDONDO BEACH, CA 90278			ONA DOLGE ENDE ENDE ENDE ANDEL NE ADOL	
DO NOT WRITE IN THIS SPAC			CE	01152007 No Chg-LLC		
				04-3824768 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required .	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
	ions of registered agent.		d Agent signature required		DATE	
FI	ling Fee is \$50.00 ue by May 1, 2007					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMB MGRM VIDA, KENNETH 2110 ARTESIA BLVD., #385 REDONDO BEACH, CA 90278 MGRM VIDA, RENEE 2110 ARTESIA BLVD., #385 REDONDO BEACH, CA 90278	ERS/MANAGERS		U0000 01/22/07-	0594164 -80055-024 55.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE	

IN THIS SPACE

SIGNATURE SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER OF AUTHORIZED REPORTENTATIVE

TITLE
NAME
STREET ADDRESS
CITY-SI-ZIP
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CONTACT ADDRESS
CITY-SI-ZIP

1/15/17 379

Daytime Phone #

^{11.} I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Floride 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.