

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006968

Entity Name: ITS ORLANDO, LLC

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

117 W. MAIN STREET
MASON, OH 45040

New Principal Place of Business:

Current Mailing Address:

117 W. MAIN STREET
MASON, OH 45040

New Mailing Address:

FEI Number: 26-1294353 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:

KEITZMANN, LORI
21593 EUCALYPTUS WAY
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: GILBERT, SCOTT
Address: 117 W. MAIN STREET
City-St-Zip: MASON, OH 45040

Title: MGR () Delete
Name: CARSON, ANTHONY
Address: 117 W. MAIN STREET
City-St-Zip: MASON, OH 45040

Title: MGR () Delete
Name: BOGGS, GARY
Address: 117 W. MAIN STREET
City-St-Zip: MASON, OH 45040

ADDITIONS/CHANGES:

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

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: SCOTT GILBERT

MGR

05/07/2008

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