

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000163334

Entity Name: LMO INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2600 ISLAND BLVD., PENTH. 2  
AVENTURA, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

2600 ISLAND BLVD., PENTH. 2  
AVENTURA, FL 33160 US

**New Mailing Address:**

FEI Number: 20-4139228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORLOVE, L. MICHAEL  
2600 ISLAND BLVD., PENTH. 2  
AVENTURA, FL 33160 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: ORLOVE, L. MICHAEL  
Address: 2600 ISLAND BLVD., PENTHOUSE 2  
City-St-Zip: AVENTURA, FL 33160 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MORRIS D. GOTTLIEB

CPA

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date