Filed
Date Filed: 04/05/2013
Business ID: 640761
William M. Gardner
Secretary of State

State of New Hampshire
2013 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Odli L.L.C.

36 Center Street #163
Wolfeboro, NH 03894

ENTITY TYPE: LLC
BUSINESS ID: 640761
STATE OF DOMICILE: NEW HAMPSHIRE

management training and consulting

1

ADDRESS OF PRINCIPAL OFFICE:
36 Center Street #163
Wolfeboro, NH 03894

REGISTERED AGENT AND OFFICE:
Labovitz, George H
36 Center Street #163
Wolfeboro, NH 03894

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address
☐ The new principal office address

PO Box is acceptable.

3

MANAGERS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT **A**

NAME George Labovitz
STREET 456 Stewart Rd
CITY/STATE/ZIP Wolfeboro NH 03894
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

MEMBERS
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS **B**

NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: [signature] MANAGER

Please print name and title of signer: George Labovitz [signature]
NAME TITLE

FEE DUE: **$100.00**

State of New Hampshire
Fee - Form LLC 8 - (LLC) 1 Page(s)

T1310155059

WHEN THIS FOR[illegible] WILL BECOME A PUBLIC DOCUME[illegible]LIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301