

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057006

**FILED**  
**Jun 29, 2009**  
**Secretary of State**

**Entity Name:** CADENCE, LLC

**Current Principal Place of Business:**

10245 CENTURION PKWY N STE 305  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

4540 SOUTHSIDE BLVD  
201  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

10245 CENTURION PKWY N STE 305  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

4540 SOUTHSIDE BLVD  
201  
JACKSONVILLE, FL 32216 US

**FEI Number:** 26-0428211      **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:**

KEASLER, FRANK R JR.  
10245 CENTURION PKWY N STE 305  
JACKSONVILLE, FL 32256 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: ECOVISIONS LLC  
Address: 10245 CENTURION PKWY N STE 305  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ECOVISIONS LLC  
Address: 4540 SOUTHSIDE BLVD SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32216 US

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: MICHAEL MUNN

MGR

06/29/2009

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