

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066965

FILED
Apr 23, 2009
Secretary of State

Entity Name: CELLSHAPE, LLC

Current Principal Place of Business:

1208 S. HARBOR CITY, BLVD.
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

1208 S. HARBOR CITY, BLVD.
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYWORTH, CHANEY & THOMAS, PA
202 N. HARBOR CITY, BLVD
SUITE 300
MELBOURNE, FL 32901 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: ZIPPER, RALPH
Address: 1208 S. HARBOR CITY, BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: FORMAN, GREG
Address: 1208 S. HARBOR CITY, BLVD
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

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: MELISSA HAMILTON

OM

04/23/2009

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