

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069999

FILED
Apr 09, 2009
Secretary of State

Entity Name: STERLING PARADIGM TECHNOLOGIES, LLC

Current Principal Place of Business:

2409 CONNELL DR
PENSACOLA, FL 32503 US

New Principal Place of Business:

3548 RIDDICK DRIVE
PENSACOLA, FL 32504 US

Current Mailing Address:

2409 CONNELL DR
PENSACOLA, FL 32503 US

New Mailing Address:

3548 RIDDICK DRIVE
PENSACOLA, FL 32504 US

FEI Number: 26-3022583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIROUARD, JEFFREY
2409 CONNELL DR
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

WHITLOCK, JOHN T
3548 RIDDICK DRIVE
PENSACOLA, FL 32504 US

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: JOHN T WHITLOCK

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIROUARD, JEFFREY
Address: 2409 CONNELL DR
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGRM (X) Delete
Name: WHITLOCK, JOHN
Address: 3548 RIDDICK DR
City-St-Zip: PENSACOLA, FL 32504 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHITLOCK, JOHN T
Address: 3548 RIDDICK DRIVE
City-St-Zip: PENSACOLA, FL 32504 US

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: JOHN T WHITLOCK

MGRM

04/09/2009

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