

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004997

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: EASTROPE, LLC

## Current Principal Place of Business:

1619 NEW LEGEND COURT  
TALLAHASSEE, FL 32312

## New Principal Place of Business:

## Current Mailing Address:

1619 NEW LEGEND COURT  
TALLAHASSEE, FL 32312

## New Mailing Address:

FEI Number: 59-3649839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAFF, ROSE M  
1619 NEW LEGEND COURT  
TALLAHASSEE, FL 32312 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: MGRM ( ) Delete  
Name: NAFF, ROSE M MS.  
Address: 1619 NEW LEGEND COURT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: MURRAY, JOHN R MR.  
Address: 1400 VILLAGE SQUARE BLVD. #3-193  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: MULLA, MARJORIE  
Address: 214 NEVILLE CIRCLE NE  
City-St-Zip: PALM BAY, FL 32907

Title: MGRM ( ) Delete  
Name: PAULA, HERSHENSON  
Address: 715 STOCKMAN LANE  
City-St-Zip: LINCOLN, CA 95648

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROSE M. NAFF

MGRM

04/13/2009

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