

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007188

Entity Name: EAGLE EYE LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

2916 EAGLE ESTATES CIRCLE N.
CLEARWATER, FL 33761

New Principal Place of Business:

2916 EAGLE ESTATES CIRCLE N.
CLEARWATER, FL 33761 US

Current Mailing Address:

2916 EAGLE ESTATES CIRCLE N.
CLEARWATER, FL 33761

New Mailing Address:

2916 EAGLE ESTATES CIRCLE N.
CLEARWATER, FL 33761 US

FEI Number: 59-3653446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHBERG, DEBRA J
2916 EAGLE ESTATES CIRCLE N.
CLEARWATER, FL, FL 33761 US

Name and Address of New Registered Agent:

ROTHBERG, DEBRA J
2916 EAGLE ESTATES CIRCLE N.
CLEARWATER, FL 33761 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:

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: ROTHBERG, DEBRA J
Address: 2916 EAGLE ESTATES CIRCLE N.
City-St-Zip: CLEARWATER, FL 33761 US

Title: VP () Delete
Name: ROTHBERG, DAVID S
Address: 2916 EAGLE ESTATES CIRCLE N.
City-St-Zip: CLEARWATER, FL 33761 US

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: DEBRA J ROTHBERG

PRES

01/14/2009

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