

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016176

Entity Name: SOLTUDLER, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

888 FRANKLIN ST
MANAGER'S OFFICE
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

888 FRANKLIN ST.
MANAGER'S OFFICE
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-3745057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOLTANI, ARVIN
114 N 18TH AVE STE B
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

SOLTANI, ARVIN
888 FRANKLIN STREET
LEASING OFFICE
JACKSONVILLE, FL 32206 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:

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: UDLER, IZABELLA
Address: 114 N 18TH AVE STE B
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGR () Delete
Name: SOLTANI, ARVIN
Address: 114 N 18TH AVE STE B
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: UDLER, IZABELLA
Address: 888 FRANKLIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGR (X) Change () Addition
Name: SOLTANI, ARVIN
Address: 888 FRANKLIN STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: ARVIN SOLTANI

RA

04/21/2009

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