2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L02000011614

Entity Name: M2SYS, LLC

Current Principal Place of Business:

1050 CROWN POINTE PKWY, 470
ATLANTA, GA 30338

New Principal Place of Business:

1050 CROWN POINTE PKWY
470
ATLANTA, GA 30338

Current Mailing Address:

1050 CROWN POINTE PKWY, 470
ATLANTA, GA 30338

New Mailing Address:

1050 CROWN POINTE PKWY
470
ATLANTA, GA 30338

FEI Number: 22-3890033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAHMAN, ABU M
4060 W SILVERADO CIR
DAVIE, FL 33024 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: RAHMAN, ABU M
Address: 4060 W SILVERADO CIR
City-St-Zip: DAVIE, FL 33024

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PRES ( ) Change (X) Addition
Name: TRADER, MICHAEL N
Address: 1050 CROWN POINTE PKWY. SUITE 470
City-St-Zip: ATLANTA, GA 30338

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: MICHAEL TRADER PRES 06/25/2009

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