

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022502

FILED
Feb 10, 2008
Secretary of State

Entity Name: FLOWRIDIANZ, L.L.C.

Current Principal Place of Business:

508 WEST NORTH BAY ST.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

508 WEST NORTH BAY ST.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 54-2075428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, MICHELE
809 TARAY DE AVILA
TAMPA, FL 33613 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: NOTTINGHAM, MARK
Address: 2325 WEST WALNUT STREET
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: WILLIAMS, JOEY
Address: 6910 W. WATERS AVE., APT. 910
City-St-Zip: TAMPA, FL 33634

Title: MGRM () Delete
Name: MARTINEZ, MICHELE
Address: 809 TARAY DE AVILA
City-St-Zip: TAMPA, FL 33613

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:

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: MICHELE MARTINEZ

MGRM

02/10/2008

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