

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022502

FILED
Feb 05, 2009
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:

MARTINEZ, MICHELE
508 WEST NORTH BAY STREET
TAMPA, FL 33603 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: _____

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) 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: MGRM (X) Change () Addition
Name: MARTINEZ, MICHELE
Address: 508 WEST NORTH BAY STREET
City-St-Zip: TAMPA, FL 33603

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

02/05/2009

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