2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 15, 2009
Secretary of State

DOCUMENT# L03000027848

Entity Name: THE BYTE SHOP, LLC

Current Principal Place of Business:

4520 TAMIAMI TRAIL N.
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4520 TAMIAMI TRAIL N.
NAPLES, FL 34103

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAYES, MARCUS D
525 110TH AVE N
NAPLES, FL 34108 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: IREFULL, LLC
Address: 375 N. STEPHANIE ST. STE 1411
City-St-Zip: HENDERSON, NV 89014

Title: MGRM (X) Delete
Name: SUMMIT ADVERTISING, LLC
Address: 375 N. STEPHANIE ST., STE. 1411
City-St-Zip: HENDERSON, NV 89014

Title: MGRM (X) Delete
Name: FORWARD MOVING, LLC
Address: 375 N. STEPAHNIE ST.
City-St-Zip: HENDERSON, NV 89014

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WEXELL, JIM MGRM
Address: 4520 TAMIAMI TRAIL N
City-St-Zip: NAPLES, FL 34103

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: JIM WEXELL MGMR 09/15/2009

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