

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054947

Entity Name: ANTHIE, LLC

FILED
Jan 13, 2009
Secretary of State

Current Principal Place of Business:

400 ISLAND WAY, #202
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

400 ISLAND WAY, #202
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 20-0509615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, STEVEN P ESQ
4805 WEST LAUREL STREET, SUITE 230
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

CODY, JOHN L CPA
3030 STARKEY BLD STE 105
NEW PORT RICHEY, FL 34655 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: JOHN L CODY CPA

01/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALEXIOU, NICHOLAS G M.D.
Address: 400 ISLAND WAY, #202
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM () Delete
Name: ALEXIOU, ANTHIE
Address: 400 ISLAND WAY, #202
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES:

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: NICHOLAS G ALEXIOU MD

MGRM

01/13/2009

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