

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002416

Entity Name: CEREONE, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

4906-A CREEKSIDE DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

PO BOX 1701
LARGO, FL 33779

New Mailing Address:

FEI Number: 33-1080826 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:

LECOMPTE, MORRIS A
800 SECOND AVE. SOUTH, STE 380
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

BUCKLES, WILLIAM G JR
308 HARBOR VIEW LANE
LARGO, FL 33770 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: WILLIAM G. BUCKLES, JR.

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUCKLES, WILLIAM G JR,CEO
Address: PO BOX 1701
City-St-Zip: LARGO, FL 33779

Title: MGR () Delete
Name: BERNASEK, THOMAS
Address: 5820 MARINER ST
City-St-Zip: TAMPA, FL 33609

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: WILLIAM G. BUCKLES, JR.

MGR

05/01/2009

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