

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003502

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TUDOR TANASE LLC

## Current Principal Place of Business:

1275 EUTAW PL  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

5546 CABOT DR NORTH  
JACKSONVILLE, FL 32244 US

## Current Mailing Address:

1275 EUTAW PL  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

5546 CABOT DR NORTH  
JACKSONVILLE, FL 32244 US

FEI Number: 27-0076109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TANASE, TUDOR  
1275 EUTAW PL  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

TANASE, TUDOR  
5546 CABOT DR NORTH  
JACKSONVILLE, FL 32244 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:

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TANASE, TUDOR  
Address: 1275 EUTAW PL  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR (X) Delete  
Name: BOTA, LENUTA  
Address: 1275  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TANASE, TUDOR  
Address: 5546 CABOT DR NORTH  
City-St-Zip: JACKSONVILLE, FL 32244 US

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: TUDOR TANASE

MGRM

04/30/2009

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