

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022168

FILED
Apr 24, 2009
Secretary of State

Entity Name: CORELLE DEVELOPMENT, LLC

Current Principal Place of Business:

61 W COLONIAL DR
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

61 W COLONIAL DR
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-0914056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOEMAKER, JOHN B
61 W COLONIAL DR
ORLANDO, FL 32801 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: P () Delete
Name: KODSI, ALBERT
Address: 61 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

Title: V () Delete
Name: SHOEMAKER, JOHN B
Address: 61 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

Title: VPT () Delete
Name: COHEN, ODED
Address: 61 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

Title: V () Delete
Name: KODSI, STEVE
Address: 61 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ODED COHEN

VPT

04/24/2009

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