

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060678

Entity Name: PARADIGM DRIFT LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1173 SW 158 AVENUE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

3059 BRACCI DRIVE
ST. JAMES CITY, FL 33956

Current Mailing Address:

1173 SW 158 AVENUE
PEMBROKE PINES, FL 33027

New Mailing Address:

3059 BRACCI DRIVE
ST. JAMES CITY, FL 33956

FEI Number: 34-2010704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VADAS, BARBARA
1173 SW 158 AVENUE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

VADAS, BARBARA
3059 BRACCI DRIVE
ST. JAMES CITY, FL 33956 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VADAS, BARBARA
Address: 1173 SW 158 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGR () Delete
Name: VADAS, LUKE S
Address: 1173 SW 158 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33207

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VADAS, BARBARA
Address: 3059 BRACCI DRIVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: MGR (X) Change () Addition
Name: VADAS, LUKE S
Address: 3059 BRACCI DRIVE
City-St-Zip: ST. JAMES CITY, FL 33956

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: BARBARA VADAS

MRS.

04/27/2009

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