

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069548

FILED
Mar 20, 2009
Secretary of State

Entity Name: MYDRS, LLC

Current Principal Place of Business:

2910 GARDEN STREET
SUITE 2
TITUSVILLE, FL 32796

New Principal Place of Business:

1702 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780 US

Current Mailing Address:

P.O. BOX 730
TITUSVILLE, FL 327810730

New Mailing Address:

P.O. BOX 730
TITUSVILLE, FL 327810730 US

FEI Number: 20-1662451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEHAYEB, ZOHEIR S
2910 GARDEN STREET
SUITE 2
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

EVANS, JOHN H
1702 SOUTH WASHINGTON AVENUE
TITUSVILLE, FL 32780 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 H. EVANS, ESQ

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHEHAYEB, ZOHEIR S
Address: P.O. BOX 730
City-St-Zip: TITUSVILLE, FL 327810730

Title: MGRM () Delete
Name: SHEHAYEB, SALMAN
Address: 1534 HIGHLAND AVENUE
City-St-Zip: GLENDALE, CA 91202

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: ZOHEIR S. CHEHAYEB

MGRM

03/20/2009

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