2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L05000048298

Entity Name: INDEMAND DESIGN LLC

Current Principal Place of Business:

4813 WETHERSFIELD PL. W.
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4813 WETHERSFIELD PL. W.
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 38-3642836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELSEHSAH, KHALED
4813 WETHERSFIELD PL. W.
JACKSONVILLE, FL 32257 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: MGR ( ) Delete
Name: ELSENSHAH, KHALED
Address: 4813 WETHERSFIELD PL. W.
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR ( ) Delete
Name: MICHELLE, TURSONELSEHSAH
Address: 4813 WETHERSFIELD PL. W.
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ELSENSHAH, KHALED E MDR
Address: 4813 WETHERSFIELD PL. W.
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR (X) Change ( ) Addition
Name: ELSEHSAH, MICHELLE D MGR
Address: 4813 WETHERSFIELD PL. W.
City-St-Zip: JACKSONVILLE, FL 32257 US

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: KHALED ELSEHSAH MGR 04/24/2009

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