

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053414

Entity Name: LSR ENTERPRISES, LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

4290 WEST LINEBAUGH AVE.
STE B
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

4290 WEST LINEBAUGH AVE.
STE B
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 81-0672583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANDIS, RANDOLPH S
9258 BRINDLEWOOD DRIVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

PANDIS, RANDOLPH S MGRM
4290 WEST LINEBAUGH AVE
STE B
TAMPA, FL 33624 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: RANDOLPH S PANDIS

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PANDIS, DUELLYN Z
Address: 9258 BRINDLEWOOD DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM () Delete
Name: PANDIS, RANDOLPH S
Address: 9258 BRINDLEWOOD DRIVE
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PANDIS, DUELLYN Z MRS.
Address: 9258 BRINDLEWOOD DRIVE
City-St-Zip: ODESSA, FL 33556 US

Title: MGRM (X) Change () Addition
Name: PANDIS, RANDOLPH S MR.
Address: 9258 BRINDLEWOOD DRIVE
City-St-Zip: ODESSA, FL 33556 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: RANDOLPH S PANDIS

MGRM

03/25/2009

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