2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L05000074481

Entity Name: KELLEEN M. LINDEN, PH.D, LLC

Current Principal Place of Business:

1705 COLONIAL BLVD
A-4
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

1705 COLONIAL BLVD
A-4
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 76-0792846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDEN, KELLEEN M DR.
1362 MIRACLE LANE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

LINDEN, KELLEEN M DR.
13350 SHETLAND LAND
FORT MYERS, FL 33912 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: DR. KELLEEN LINDEN, PH.D 03/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LINDEN, KELLEEN M DR.
Address: 1362 MIRACLE LANE
City-St-Zip: FORT MYERS, FL 33901 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LINDEN, KELLEEN M DR.
Address: 13350 SHETLAND LANE
City-St-Zip: FORT MYERS, FL 33912 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: DR. KELLEEN LINDEN MGMR 03/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date