## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000086326

Entity Name: EDEXPERTS, LLC

Address:

City-St-Zip:

10062 STONE MOUNTAIN COVER

SANDY, UT 84092 US

FILED Mar 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18102 CHESTERFIELD AIRPORT RD. SUITE 0 CHESTERFIELD, MO 63005 **New Mailing Address: Current Mailing Address:** 18102 CHESTERFIELD AIRPORT RD. SUITE 0 CHESTERFIELD, MO 63005 FEI Number: 20-3397660 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JACOBS, KEVIN P ESQ HERRON JACOBS ORTIZ 1401 BRICKELL AVENUE, SUITE 825 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PROTO, RANDY Name: Name: Address: 2689 MEADOWOOD CT. Address: WESTON, FL 33332 US City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GRIFFIN, MICHAEL Name: Address: 615 WINDRUSH DRIVE Address: City-St-Zip: KIRKWOOD, MO 63122 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition THE BENJAMIN FAMILY, EMPOWERED CO-O P PARTNE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SARA STUEBGEN MGR 03/07/2008