

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089611

FILED
May 01, 2009
Secretary of State

Entity Name: REALCIRCLE, LLC.

Current Principal Place of Business:

2039 CHALLEUX DRIVE WEST
JACKSONVILLE, FL 32225

New Principal Place of Business:

1100 TALLEYRAND AVE
JACKSONVILLE, FL 32206

Current Mailing Address:

2039 CHALLEUX DRIVE WEST
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HUSSEIN, SOBHI Y MGR
2039 CHALLEUX DRIVE WEST
JACKSONVILLE, FL 32225 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:

Title: MGR () Delete
Name: HUSSEIN, SOBHI Y
Address: 2039 CHALLEUX DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: RAMONA, HUSSEIN A
Address: 2039 CHALLEUX DR. W.
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: YOUSEF, HUSSEIN S
Address: 2039 CHALLEUX DR. W.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUSSEIN, YOUSEF S
Address: 2039 CHALLEUX DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: SOBHI, HUSSEIN Y
Address: 2039 CHALLEUX DR. W.
City-St-Zip: JACKSONVILLE, FL 32225

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: SOBHI HUSSEIN

MGR

05/01/2009

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