

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097544

Entity Name: FILUS, LLC

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

401 ROSERY RD
APT F-842
LARGO, FL 33770 US

New Principal Place of Business:

2652 BARKSDALE CT
CLEARWATER, FL 33761 US

Current Mailing Address:

401 ROSERY RD
APT F-842
LARGO, FL 33770 US

New Mailing Address:

2652 BARKSDALE CT
CLEARWATER, FL 33761 US

FEI Number: 54-2186065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILUS, JOZSEFNE
401 ROSERY RD
APT F-842
LARGO, FL 33770 US

Name and Address of New Registered Agent:

FILUS, JOZSEFNE
2652 BARKSDALE CT
CLEARWATER, FL 33761 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:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FILUS, JOZSEF
Address: 401 ROSERY RD APT F-842
City-St-Zip: LARGO, FL 33770

Title: MGR () Delete
Name: FILUS, JOZSEFNE
Address: 401 ROSERY RD APT F-842
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FILUS, JOZSEF
Address: 2652 BARKSDALE CT
City-St-Zip: CLEARWATER, FL 33761

Title: MGR (X) Change () Addition
Name: FILUS, JOZSEFNE
Address: 2652 BARKSDALE CT
City-St-Zip: CLEARWATER, FL 33761

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: JOZSEF FILUS

MGR

04/22/2009

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