

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116008

FILED
Apr 26, 2009
Secretary of State

Entity Name: PATHOLOGICAL FLYER, LLC

Current Principal Place of Business:

4337 TIDEWATER DRIVE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

PO BOX 621716
ORLANDO, FL 32862

New Mailing Address:

FEI Number: 20-3880000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENT, GREGORY W
4337 TIDE WATER DRIVE
ORLANDO, FL, FL 32812 US

Name and Address of New Registered Agent:

GENT, GREGORY W
4337 TIDE WATER DRIVE
ORLANDO, FL 32812 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:

04/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GENT, GREGORY W
Address: 4337 TIDEWATER DRIVE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

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

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: GREGORY W GENT

MGRM

04/26/2009

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