2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L06000002330

Entity Name: LARIS, LLC

Current Principal Place of Business:

1900 S. EADS ST
412
ARLINGTON, VA 22202

New Principal Place of Business:

1451 BELMONT STREET NW
205
WASHINGTON, DC 20009

Current Mailing Address:

1900 S. EADS ST.
412
ARLINGTON, VA 22202

New Mailing Address:

1451 BELMONT STREET NW
205
WASHINGTON, DC 20009

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POST, JACQUELINE I
3040 GULF OF MEXICO DR.
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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: POST, JACQUELINE I
Address: 1900 S. EADS ST., SUITE 412
City-St-Zip: ARLINGTON, VA 22202

Title: MGR ( ) Delete
Name: LADHA, FAYRID S
Address: 1900 S. EADS ST., SUITE 412
City-St-Zip: ARLINGTON, VA 22202

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: POST, JACQUELINE I
Address: 1451 BELMONT STREET NW, SUITE 205
City-St-Zip: WASHINGTON, DC 20009

Title: MGR (X) Change ( ) Addition
Name: LADHA, FAYRID S
Address: 1451 BELMONT STREET NW, SUITE 205
City-St-Zip: WASHINGTON, DC 20009

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: JACQUELINE POST MGR 04/09/2008

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