2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L06000002440

Entity Name: IRMA, LLC

Current Principal Place of Business:

504 SEVILLA DR
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

3477 FOREST BLVD.
JACKSONVILLE, FL 32246 US

Current Mailing Address:

504 SEVILLA DR
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

3477 FOREST BLVD.
JACKSONVILLE, FL 32246 US

FEI Number: 20-4064019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SZABO, FERENCNE
504 SEVILLA DR
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

SCHULLER, IRMA
3477 FOREST BLVD.
JACKSONVILLE, FL 32246 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: IRMA SCHULLER 04/15/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SZABO, FERENCNE
Address: 504 SEVILLA DR
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SCHULLER, IRMA
Address: 3477 FOREST BLVD.
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGR ( ) Change (X) Addition
Name: SCHULLER, JOZSEF I
Address: 3477 FOREST BLVD
City-St-Zip: JACKSONVILLE, FL 32246

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 I. SCHULLER MGR 04/15/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date