

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008735

Entity Name: ODDPODZ, LLC

FILED
May 19, 2009
Secretary of State

Current Principal Place of Business:

8001 U.S. HWY 80 EAST
UNIT 401
SAVANNAH, GA 31410

New Principal Place of Business:

345 BAYSHORE BLVD
APT 713
TAMPA, FL 33606

Current Mailing Address:

8001 U.S. HWY 80 EAST
UNIT 401
SAVANNAH, GA 31410

New Mailing Address:

345 BAYSHORE BLVD
APT 713
TAMPA, FL 33606

FEI Number: 55-0915746 FEI Number Applied For () 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:

DRUDY, DENISE
320 W FLETCHER AVENUE
STE 101
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

POST, KAREN
345 BAYSHORE BLVD
APT 713
TAMPA, FL 33606 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: KAREN POST

05/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POST, KAREN
Address: 8001 U.S. HWY 80 EAST
City-St-Zip: SAVANNAH, GA 31410

Title: MGRM () Delete
Name: RING, JOCELYN
Address: 8001 U.S. HWY 80 EAST
City-St-Zip: SAVANNAH, GA 31410

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POST, KAREN
Address: 345 BAYSHORE BLVD #713
City-St-Zip: TAMPA, FL 33606

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: KAREN POST

M

05/19/2009

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