

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020326

Entity Name: FL DEVELOPMENT GROUP, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

5400 TECH DATA DR
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

5400 TECH DATA DR
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 13-4333215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOY SCOUT BLVD., SUITE 1000
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

MOSHTAGH, MEHRDAD
1210 US 19
SUITE 4
HOLIDAY, FL 33760 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: MEHRDAD MOSHTAGH

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAKIM, JEAN
Address: 5400 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM () Delete
Name: HAKIM, GILBERT
Address: 5400 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: MOSHTAGH, MEHRDAD
Address: 5400 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

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: JEAN HAKIM

MGRM

04/28/2009

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