

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020969

Entity Name: IVR CONCEPTS, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

600 SOUTH DIXIE HIGHWAY, SUITE 202
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

JOHN HUDAK % CRITERIUM, INC
358 BROADWAY - STE 201
SARATOGA SPRINGS, NY 12866

New Mailing Address:

JOHN HUDAK C/O CRITERIUM, INC
358 BROADWAY - STE 201
SARATOGA SPRINGS, NY 12866

FEI Number: 20-4382791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUDEN, JAMES L
980 N FEDERAL HWY
STE 404
BOCA RATON, FL 33432 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: MGRM () Delete
Name: HUDAK, JOHN
Address: 358 BROADWAY - STE 201
City-St-Zip: SARATOGA SPRINGS, NY 12866

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUDAK, JOHN PRES
Address: 358 BROADWAY - STE 201
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: MS. () Change (X) Addition
Name: KATHLEEN, WANSER DIRECTO
Address: 358 BROADWAY - SUITE 201
City-St-Zip: SARATOGA SPRINGS, NY 12866

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: JOHN M. HUDAK

MGRM

04/16/2009

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