

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028014

FILED
Apr 30, 2009
Secretary of State

Entity Name: SAFLIGHT MANAGEMENT, LLC

Current Principal Place of Business:

5502 BRANCH OAK PLACE
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

5502 BRANCH OAK PLACE
LITHIA, FL 33547

New Mailing Address:

FEI Number: 03-0612072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'MALLEY, ANDREW M
712 SOUTH OREGON AVE.
TAMPA, FL 336062543 US

Name and Address of New Registered Agent:

O'MALLEY, ANDREW M CYNDI A
712 SOUTH OREGON AVE.
TAMPA, FL 336062543 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: CYNDI ACOSTA

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACOSTA, CYNTHIA DIANE
Address: 3433 LITHIA PINECREST ROAD
City-St-Zip: VALRICO, FL 33594

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ACOSTA, CYNTHIA
Address: 5502 BRANCH OAK PLACE
City-St-Zip: LITHIA, FL 33547

Title: MGR () Change (X) Addition
Name: ACOSTA, RALPH M
Address: 5502 BRANCH OAK PLACE
City-St-Zip: LITHIA, FL 33547

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: CYNDI ACOSTA

RA

04/30/2009

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