

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034245

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** PANORAMIC HOLDINGS LLC

**Current Principal Place of Business:**

3005 W. PLANTATION PINES CT.  
LECANTO, FL 34461

**New Principal Place of Business:**

4805 W. LAUREL STREET  
TAMPA, FL 33607

**Current Mailing Address:**

4805 W. LAUREL STREET  
100  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 20-4721002      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORGAN, SARAH  
3005 W. PLANTATION PINES CT.  
LECANTO, FL 34461    US

**Name and Address of New Registered Agent:**

MORGAN, SARAH  
4805 W. LAUREL STREET  
TAMPA, FL 34461    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: MR. JASON C. MORGAN

01/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRS      ( ) Delete  
Name: MORGAN, SARAH  
Address: 3005 W. PLANTATION PINES CT.  
City-St-Zip: LECANTO, FL 34461

**ADDITIONS/CHANGES:**

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: JASON C. MORGAN

MR.

01/19/2009

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