

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036180

Entity Name: ALL VEDIC LLC

FILED  
May 18, 2009  
Secretary of State

**Current Principal Place of Business:**

21651 CR 1493  
LACROSSE, FL 32658

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 385  
ALACHUA, FL 32616

**New Mailing Address:**

FEI Number: 20-4674151      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:**

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

PORITZ, JEROME  
7257 NW 4TH BLVD.  
SUITE 46  
GAINESVILLE, FL 32607 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PORITZ, JEROME  
Address: 7257 NW 4TH BLVD. SUITE 46  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete  
Name: GHIOTTI, DANIEL  
Address: 16825 NW 174TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: GHIOTTI, DANIEL  
Address: 13605 NW COUNTY ROAD 235 # 903  
City-St-Zip: ALACHUA, FL 32616

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: JEROME PORITZ

MGRM

05/18/2009

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