

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000039725

Entity Name: WEBDRIVENDESIGN LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

345 CELERY CIRCLE
OVIEDO, FL 32765 US

New Principal Place of Business:

620 HIDDEN PINES BLVD
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

345 CELERY CIRCLE
OVIEDO, FL 32765 US

New Mailing Address:

620 HIDDEN PINES BLVD
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 20-4750387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN T
345 CELERY CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

KYLE, KEVIN T
620 HIDDEN PINES BLVD
NEW SMYRNA BEACH, FL 32168 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: KEVIN KYLE

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KYLE, KEVIN T
Address: 345 CELERY CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: MOORE, CHARLES B
Address: 3457 WESTFORD DRIVE
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KYLE, KEVIN T
Address: 620 HIDDEN PINES BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: KEVIN KYLE

MGR

02/13/2009

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