

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047667

FILED
Feb 24, 2009
Secretary of State

Entity Name: ODASC, LLC

Current Principal Place of Business:

8890 WEST OAKLAND PARK BLVD., SUITE 201
SUNRISE, FL 33351

New Principal Place of Business:

8890 WEST OAKLAND PARK BLVD.
SUITE 201
SUNRISE, FL 33351

Current Mailing Address:

8890 WEST OAKLAND PARK BLVD., SUITE 201
SUNRISE, FL 33351

New Mailing Address:

8890 WEST OAKLAND PARK BLVD.
SUITE 201
SUNRISE, FL 33351

FEI Number: 56-2584288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRAZIER, ROBERT W JR. ESQ
C/O FRAZIER, HOTTE & ASSOCIATES, P.A.
6550 NORTH FEDERAL HIGHWAY, SUITE 220
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

HOTTE, JOHN F ESQ
350 EAST LAS OLAS BLVD.
SUITE 1700
FT. LAUDERDALE, FL 33301 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: JOHN F. HOTTE ESQ.

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ECHION, U.S.A., INC.,
Address: 8890 WEST OAKLAND PARK BLVD., SUITE 201
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ECHION, U.S.A., INC.,
Address: 8890 WEST OAKLAND PARK BLVD., # 201
City-St-Zip: SUNRISE, FL 33351

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: DANIEL HOTTE

PRES

02/24/2009

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