

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047849

1. Entity Name  
EFFICIENTIS, LLC



Principal Place of Business  
304 WEST COLLEGE AVE., SUITE 103  
TALLAHASSEE, FL 32301

Mailing Address  
P.O. BOX 307  
TALLAHASSEE, FL 32302

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-4837323

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

INTERTEKS, INC.  
304 WEST COLLEGE AVE.  
SUITE 103  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name  
EMUNITUM, LLC

Street Address (P.O. Box Number is Not Acceptable)

304 W. COLLEGE AVE. SUITE 103

City  
TALLAHASSEE

FL

Zip Code  
32301

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
INTERTEKS, INC. ☒ Delete  
304 WEST COLLEGE AVE., SUITE 103  
TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
EMUNITUM, LLC ☐ Change ☐ Addition  
P.O. Box 307  
TALLAHASSEE, FL 32302

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
400119931994  
03/11/08--01010--023 \*\*138.75

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/22/08

Date

Daytime Phone #

FILED

08 FEB 22 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

