

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067625

Entity Name: SIR ENTERPRISES, LLC

FILED  
Jan 29, 2009  
Secretary of State

**Current Principal Place of Business:**

9410 OSPREY BRANCH TR  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

11250 OLD ST. AUGUSTINE RD  
SUITE 15-305  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

PO BOX 57304  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 20-5160430

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA-ROMAN, SHEYLA I  
9410 OSPREY BRANCH TR  
JACKSONVILLE, FL 32257 US

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

RIVERA-ROMAN, SHEYLA I  
11250 OLD ST. AUGUSTINE RD  
SUITE 15-305  
JACKSONVILLE, FL 32257 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:

01/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RIVERA-ROMAN, SHEYLA I  
Address: POST OFFICE BOX 57304  
City-St-Zip: JACKSONVILLE, FL 32241

**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: SHEYLA I. RIVERA-ROMAN

MGR

01/29/2009

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