

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068761

Entity Name: REPLICATIONS, LLC

FILED  
Jun 10, 2009  
Secretary of State

## Current Principal Place of Business:

233 NE 58TH AVENUE  
102  
OCALA, FL 34470

## New Principal Place of Business:

## Current Mailing Address:

233 NE 58TH AVENUE  
102  
OCALA, FL 34470

## New Mailing Address:

FEI Number: 59-3725583      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

SIMPSON, RICHARD  
8 ALMOND WAY  
OCALA, FL 34472      US

## Name and Address of New Registered Agent:

SIMPSON, RICHARD  
2515 NE 31ST TERRACE  
OCALA, FL 34470      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:

06/10/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SIMPSON, RICHARD  
Address: 8 ALMOND WAY  
City-St-Zip: OCALA, FL 34472

Title: MGRM ( ) Delete  
Name: CURRAO, JOE  
Address: 7281 SE 110 ST RD  
City-St-Zip: BELLEVIEW, FL 34420

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SIMPSON, RICHARD  
Address: 2515 NE 31ST TERRACE  
City-St-Zip: OCALA, FL 34470

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: RICHARD SIMPSON

MGRM

06/10/2009

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