

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078301

Entity Name: GEOREPLICA , LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

352 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 349862055 US

New Principal Place of Business:

2566 SW WESTFIELD ST
PORT ST. LUCIE, FL 34953 US

Current Mailing Address:

352 SW LAKE FOREST WAY
PORT ST. LUCIE, FL 349862055 US

New Mailing Address:

FEI Number: 41-2214490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLNER, YANCEY A
2566 SW WESTFIELD STREET
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOLNER, YANCEY A
Address: 2566 SW WESTFIELD STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: MEMB (X) Delete
Name: REPOLI, MICHAEL R
Address: 352 SW LAKE FOREST WAY
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM () Delete
Name: OLSEN, M. BRANDON
Address: 2708 E OAK GROVE DRIVE
City-St-Zip: SANDY, UT 84092 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YANCEY MOLNER

MGRM

04/30/2008

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