## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000078746

Entity Name: PORTA SPLASH LC

FILED Apr 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5350 BEATLE COURT

JACKSONVILLE, FL 32244 US

**Current Mailing Address: New Mailing Address:** 

PSC 473 BOX 2169 PSC 473 BOX 2169 FOP, AP 96349 FPO, AP 96349

FEI Number: 11-3752125 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

EDWARDS, ANDREW D 5350 BEATLE COURT JACKSONVILLE, FL 32244

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

US

ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition () Delete

EDWARDS, ANDREW D EDWARDS, ANDREW D Name: Name: Address: 5350 BEATLE COURT Address: PSC 473 BOX 2169 City-St-Zip: JACKSONVILLE, FL 32244 FL City-St-Zip: FPO, AP 96349 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

Name: EDWARDS, YUKI Name: EDWARDS, YUKI Address: 5350 BEATLE COURT Address: PSC 473 BOX 2169 City-St-Zip: JACKSONVILLE, FL 32244 US City-St-Zip: FPO, AP 96349 US

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: ANDREW D EDWARDS 04/12/2009