

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093214

Entity Name: EDEN SPINE, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

801 INTERNATIONAL PARKWAY, 5TH FLOOR
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

801 INTERNATIONAL PARKWAY, 5TH FLOOR
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 20-5634669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: VIALLANEIX, GUILLAUME
Address: 805 RANTOUL LN
City-St-Zip: LAKE MARY, FL 32746

Title: MGR (X) Delete
Name: ROOF, RANDY
Address: 2028 KING MANOR DRIVE
City-St-Zip: MATHEWS, NC 28104

Title: T () Delete
Name: TEMPLE, SUZANNE E
Address: 2111 FOREST CIR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: VIALLANEIX, GUILLAUME
Address: 805 RANTOUL LN
City-St-Zip: LAKE MARY, FL 32746

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: GUILLAUME VIALLANEIX

M

04/14/2009

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