2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# L06000110619

Entity Name: DUMITRU-FALTICENI, LLC

Current Principal Place of Business:

9918 S.W. EAST BROOK CIRCLE
PT. ST. LUCIE, FL 34987

New Principal Place of Business:

Current Mailing Address:

9918 S.W. EAST BROOK CIRCLE
PT. ST. LUCIE, FL 34987

New Mailing Address:

352 RIVER EDGE RD
JUPITER, FL 33477

FEI Number: 20-8240756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 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: DUMITRU, ION M
Address: 5831 SOUTH GRANT STREET
City-St-Zip: HINSDALE, IL 60521

Title: MGRM ( ) Delete
Name: FALTICENI, DEMETRI P
Address: 9918 S.W. EAST BROOK CIRCLE
City-St-Zip: PT. ST. LUCIE, FL 34987

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: FALTICENI, DEMETRI P
Address: 352 RIVER EDGE RD
City-St-Zip: JUPITER, FL 33477

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: DEMETRI P. FALTICENI CO-O 01/06/2009

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