

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111614

FILED
Aug 08, 2009
Secretary of State

Entity Name: EBIZ FUSION TECHNOLOGIES, LLC

Current Principal Place of Business:

3013 HATTERAS PT.
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

3013 HATTERAS PT.
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 20-5916128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

KASIREDDY, SABITHA R
3013 HATTERAS PT.
OVIEDO, FL 32765 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KASIREDDY, SABITHA
Address: 3013 HATTERAS PT.
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: VADLAMUDI, RAVI KIRAN
Address: 1302 MADALINE DR.
City-St-Zip: AVENEL, NJ 07001 US

Title: MGRM () Delete
Name: ANNAPUREDDY, VENUGOPAL R
Address: 3413 COURTNEY DR.
City-St-Zip: FLOWER MOUND, TX 75022 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: SABITHA KASIREDDY

MGRM

08/08/2009

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