2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113727

Entity Name: LAUROPHER, LLC

FILED Apr 25, 2009 Secretary of State

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

545 KIRKWOOD TERRACE NORTH ST. PETERSBURG, FL 33701

Current Mailing Address: New Mailing Address:

P.O. BOX 7567

ST. PETERSBURG, FL 33734 US

FEI Number: 20-5983041 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:

PESCOD, LAURA L PESCOD, LAURA

545 KIRKWOOD TERRACE NORTH 545 KIRKWOOD TERRACE NORTH ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701

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: LAURA PESCOD 04/25/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

PESCOD, LAURA L PESCOD, LAURA Name: Name: Address: P.O. BOX 7567 Address: P.O. BOX 7567

City-St-Zip: ST PETERSBURG, FL 33734 City-St-Zip: ST PETERSBURG, FL 33734

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

IRVIN, CHRISTOPHER G Name: Name: IRVIN, CHRISTOPHER Address: P.O. BOX 7567 Address: P.O. BOX 7567

City-St-Zip: SAINT PETERSBURG, FL 33734

SAINT PETERSBURG, FL 33734 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: LAURA PESCOD 04/25/2009