2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000003845

Entity Name: PRASUTAGUS LLC

FILED Aug 05, 2009 Secretary of State

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

112 CHANNEL DRIVE 1948 DEERVIEW PL LAKE MARY, FL 32746 LONGWOOD, FL 32750-

Current Mailing Address: New Mailing Address:

112 CHANNEL DRIVE 1948 DEERVIEW PL LAKE MARY, FL 32746 LONGWOOD, FL 32750-

FEI Number: 74-3300560 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:

RAGNO, JODI RAGNO, JODI

112 CHÁNNEL DRIVE 1948 DÉERVIEW PL

LAKE MARY, FL 32746 US LONGWOOD, FL 32750 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: 08/05/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADD

ADDITIONS/CHANGES:

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

 Name:
 GRAVES, JODI
 Name:
 GRAVES, JODI

 Address:
 112 CHANNEL DRIVE
 Address:
 1948 DEERVIEW PL

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:
 LONGWOOD, FL 32750

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

 Name:
 GRAVES, DONALD G
 Name:

 Address:
 31529 HWY 263
 Address:

 City-St-Zip:
 BIG FLAT, AR 72617
 City-St-Zip:

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

 Name:
 GRAVES, LAURA H
 Name:

 Address:
 31529 HWY 263
 Address:

 City-St-Zip:
 BIG FLAT, AR 72617
 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: JODI RAGNO MM 08/05/2009