

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004047

FILED
May 01, 2009
Secretary of State

Entity Name: FLY FAST, LLC

Current Principal Place of Business:

1535 NORTH DALE MABRY HIGHWAY
SUITE 101
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

1535 NORTH DALE MABRY HIGHWAY
SUITE 101
LUTZ, FL 33548

New Mailing Address:

FEI Number: 20-8206123 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:

SARSEN, CYNTHIA R
1535 NORTH DALE MABRY HIGHWAY
SUITE 102
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

SARSEN, CYNTHIA R
1782 CASSELBERRY COURT
FLEMING ISLAND, FL 32003 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: CYNTHIA SARSEN

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAUNDERS, LESLIE
Address: 1535 NORTH DALE MABRY HIGHWAY
City-St-Zip: LUTZ, FL 33548

Title: MGR () Delete
Name: BARI, SUSAN
Address: 17394 ANTIGUA POINT WAY
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

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: LESLIE SAUNDERS

MGR

05/01/2009

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