

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006166

Entity Name: EIQ SYSTEMS LLC

FILED
Apr 05, 2009
Secretary of State

Current Principal Place of Business:

501 BLAIRSTONE RD, APT 427
TALLAHASSEE, FL 32301

New Principal Place of Business:

501 BLAIRSTONE RD
APT 427
TALLAHASSEE, FL 32301

Current Mailing Address:

501 BLAIRSTONE RD, APT 427
TALLAHASSEE, FL 32301

New Mailing Address:

501 BLAIRSTONE RD
APT 427
TALLAHASSEE, FL 32301

FEI Number: 20-8248467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUTHE, MADHAVI L
501 BLAIRSTONE RD, APT 427
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MUTHE, MADHAVI L
501 BLAIRSTONE RD
APT 427
TALLAHASSEE, FL 32301 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: MADHAVI L. MUTHE

04/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VANAPARTHI, VENKATA S
Address: 501 BLAIRSTONE RD, APT 427
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR () Delete
Name: MUTHE, MADHAVI L
Address: 501 BLAIRSTONE RD, APT 427
City-St-Zip: TALLAHASSEE, FL 32301

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: MADHAVI L. MUTHE

MGR

04/05/2009

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