

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008841

Entity Name: WHITFIELD SALIE LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

1625 SUMMIT LAKE DRIVE
205
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

1625 SUMMIT LAKE DRIVE
205
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 20-8338129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELAYAWAY LLC
1625 SUMMIT LAKE DRIVE
SUITE 205
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

READ, DONAD CHAIRMA
1625 SUMMIT LAKE DRIVE
SUITE 205
TALLAHASSEE, FL 32317 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: DONAD READ

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RYNCARZ, MATTHEW A
Address: 1625 SUMMIT LAKE DRIVE SUITE 205
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR (X) Change () Addition
Name: READ, DONALD CHAIRMA
Address: 1625 SUMMIT LAKE DRIVE SUITE 205
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MR () Change (X) Addition
Name: PINON, SERGIO CEO
Address: 1625 SUMMIT LAKE DRIVE, SUITE 205
City-St-Zip: TALLAHASSEE, FL 32317

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: SERGIO PINON

CEO

04/24/2009

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