

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021385

Entity Name: FUDASHI, LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

9765 SOUTHBROOK DR.
4303
JACKSONVILLE, FL 32256

Current Mailing Address:

9765 SOUTHBROOK DR.
4303
JACKSONVILLE, FL 32256

New Principal Place of Business:

115 9TH AVE S
202
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

115 9TH AVE S
202
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-8539192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERAUD, ALEXANDER
3411 ROYAL ASCOT RUN
GOTHA, FL 34734 US

Name and Address of New Registered Agent:

EBANKS, ERIC
115 9TH AVE S
202
JACKSONVILLE BEACH, FL 32250 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: ERIC EBANKS

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EBANKS, ERIC E JR.
Address: 9765 SOUTHBROOK DR. APT 4303
City-St-Zip: JACKSONVILLE,, FL 32256

Title: MGRM (X) Delete
Name: BERAUD, ALEXANDER
Address: 3411 ROYAL ASCOT RUN
City-St-Zip: GOTHA, FL 34734

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EBANKS, ERIC E JR.
Address: 115 9TH AVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: ERIC EBANKS

MGR

04/25/2008

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