

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021385

Entity Name: FUDASHI, LLC

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

115 9TH AVE S
202
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

115 9TH AVE S
202
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

8715 BELLE RIVE BLVD
3507
JACKSONVILLE, FL 32256

New Mailing Address:

8715 BELLE RIVE BLVD
3507
JACKSONVILLE, FL 32256

FEI Number: 20-8539192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

EBANKS, ERIC
8715 BELLE RIVE BLVD
3507
JACKSONVILLE, FL 32256 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:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EBANKS, ERIC E JR.
Address: 8715 BELLE RIVE BLVD #3507
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Change (X) Addition
Name: GAYLE, DARRYLE
Address: 1836 MEADOWGLADES DR
City-St-Zip: DECATUR, GA 30035

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 E EBANKS JR.

MGR

04/24/2009

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