

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024547

FILED  
May 06, 2009  
Secretary of State

Entity Name: IS TAMPA, LLC

**Current Principal Place of Business:**

2090 NW 94TH WAY  
SUNRISE, FL 33322

**New Principal Place of Business:**

916 E FLETCHER AVE  
TAMPA, FL 33612

**Current Mailing Address:**

2090 NW 94TH WAY  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 20-8582604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

**Name and Address of New Registered Agent:**

HARNARRINE, SAVITRI  
2090 NW 94TH WAY  
SUNRISE, FL 33322      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HARNARRINE, SAVITRI  
Address: 2090 NW 94TH WAY  
City-St-Zip: SUNRISE, FL 33322

**ADDITIONS/CHANGES:**

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: SAVITRI HARNARRINE

MGR

05/06/2009

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