

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039306

Entity Name: FUSEKEY LLC

FILED  
Jul 02, 2008  
Secretary of State

**Current Principal Place of Business:**

4630 S KIRKMAN RD STE #229  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

4630 S KIRKMAN RD STE #229  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 20-8854366      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

MCCABE, ANDREW  
6001 OAKSHADWO ST APT 203  
ORLANDO, FL 32835      US

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

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: MCCABE, ANDREW  
Address: 4630 S KIRKMAN RD STE #229  
City-St-Zip: ORLANDO, FL 32811

**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: ANDREW MCCABE

MGRM

07/02/2008

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