2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L07000041642

Entity Name: DEMIL, LLC

Current Principal Place of Business:

753 SW MUNJACK CIRCLE
PORT ST LUCIE, FL 34986

New Principal Place of Business:

11233 SW SPRINGTREE TERRACE
PORT ST LUCIE, FL 34987

Current Mailing Address:

753 SW MUNJACK CIRCLE
PORT ST LUCIE, FL 34986

New Mailing Address:

11233 SW SPRINGTREE TERRACE
PORT ST LUCIE, FL 34987

FEI Number: 51-0631810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEMAIO, CHRISTOPHER
753 SW MUNJACK CIRCLE
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

DEMAIO, CHRISTOPHER
11233 SW SPRINGTREE TERRACE
PORT ST LUCIE, FL 34987 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: 01/26/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MILORDI, FRANK
Address: 4261 CAREY WOOD DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM ( ) Delete
Name: DEMAIO, CHRISTOPHER
Address: 753 SW MUNJACK CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DEMAIO, CHRISTOPHER
Address: 11233 SW SPRINGTREE TERRACE
City-St-Zip: PORT ST LUCIE, FL 34987

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: CHRISTOPHER DEMAIO MGRM 01/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date