

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056340

Entity Name: MATRIX 301, LLC

FILED  
Mar 31, 2009  
Secretary of State

## Current Principal Place of Business:

11705 BOYETTE ROAD, #424  
RIVERVIEW, FL 33569

## New Principal Place of Business:

6328 US HWY. 301 SOUTH  
RIVERVIEW, FL 33578

## Current Mailing Address:

11705 BOYETTE ROAD, #424  
RIVERVIEW, FL 33569

## New Mailing Address:

6328 US HWY. 301 SOUTH  
RIVERVIEW, FL 33578

FEI Number: 26-0403653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.  
C/O LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET, SUITE 205  
RIVERVIEW, FL 33569 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: EMES, BRETT L  
Address: 11705 BOYETTE ROAD, #424  
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM (X) Delete  
Name: BONNAU, IVAN R  
Address: 11705 BOYETTE ROAD, #424  
City-St-Zip: RIVERVIEW, FL 33569

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: EMES, BRETT L  
Address: 6328 US HWY. 301 SOUTH  
City-St-Zip: RIVERVIEW, FL 33578

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: BRETT L. EMES

MGRM

03/31/2009

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