

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065135

Entity Name: LODJICS, LLC

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

3959 DIAMOND CHIP CT.  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

## Current Mailing Address:

3959 DIAMOND CHIP CT.  
WELLINGTON, FL 33414 US

## New Mailing Address:

FEI Number: 26-0394613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PASSEN, JEFFREY  
3959 DIAMOND CHIP CT.  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

PASSEN, PAULA-MARIE  
3959 DIAMOND CHIP CT.  
WELLINGTON, FL 33414 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: PAULA-MARIE PASSEN

01/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: PASSEN, JEFFREY  
Address: 3959 DIAMOND CHIP CT.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: PASSEN, PAULA-MARIE  
Address: 3959 DIAMOND CHIP CT  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Delete  
Name: TORSEY, MARTY  
Address: 9671 W LAKE CT  
City-St-Zip: BOCA RATON, FL 33434 US

Title: MGRM (X) Delete  
Name: TORSEY, SVETLANA  
Address: 9671 W LAKE CT  
City-St-Zip: BOCA RATON, FL 33434 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PASSEN, PAULA-MARIE  
Address: 3959 DIAMOND CHIP CT.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Change ( ) Addition  
Name: PASSEN, JEFFREY  
Address: 3959 DIAMOND CHIP CT  
City-St-Zip: WELLINGTON, FL 33414 US

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

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: PAULA-MARIE PASSEN

MGRM

01/16/2009

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