

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065167

FILED
Jan 16, 2009
Secretary of State

Entity Name: BATAILLE, SANDERS & POPIEL, LLC

Current Principal Place of Business:

1595 SNOWY OWL DR
BROOMFIELD, CO 80020

New Principal Place of Business:

Current Mailing Address:

1595 SNOWY OWL DR
BROOMFIELD, CO 80020

New Mailing Address:

FEI Number: 26-0375708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, JOEL
610 WEST LAS OLAS BLVD.
APT 513
FT. LAUDERDALE, FL 33312 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: POPIEL, JEFFREY LARSEN
Address: 13416 WEST 60TH PL
City-St-Zip: ARVADA, CO 80004

Title: MGRM () Delete
Name: BATAILLE, BASHIR
Address: 13416 WEST 60TH PL
City-St-Zip: ARVADA, CO 80004

Title: MGRM () Delete
Name: SANDERS & SANDERS EN, TERPRISES, INC .
Address: 1595 SNOWY OWL DR
City-St-Zip: BROOMFIELD, CO 80020

ADDITIONS/CHANGES:

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

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: JOEL SANDERS

MGRM

01/16/2009

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