

DOCUMENT# L07000077051

FILED
Apr 13, 2009
Secretary of State

New Principal Place of Business:

New Mailing Address:

Current Mailing Address:

3199 STONEBRIER RIDGE DRIVE
ORANGE PARK, FL 32065

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SHARMA, A
3199 STONEBRIER RIDGE DRIVE
ORANGE PARK, FL 32065 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:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SHARMA, A
Address: 3199 STONEBRIER RIDGE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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

Title: MGRM () Delete
Name: SHARMA, SONIA
Address: 3199 STONEBRIER RIDGE DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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: A. SHARMA

MGRM

04/13/2009

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