

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080228

FILED
Feb 25, 2008
Secretary of State

Entity Name: WITHOUT PARALLEL LLC

Current Principal Place of Business:

1425 SW 110TH WAY
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

1425 SW 110TH WAY
DAVIE, FL 33324 US

New Mailing Address:

FEI Number: 26-0659951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

USA-RA LLC
873 WEST BAY DRIVE
SUITE 105
LARGO, FL 33770 US

Name and Address of New Registered Agent:

GORVETZIAN, EDWARD J MR.
1425 SW 110TH WAY
DAVIE, FL 33324 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: EDWARD J GORVETZIAN

02/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GORVETZIAN, EDWARD
Address: 1425 SW 110TH WAY
City-St-Zip: DAVIE, FL 33324 US

Title: MGRM () Delete
Name: KEANE, DANNY
Address: 4246 SEAGRAPE DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM () Delete
Name: SANTIAGO, JOHN
Address: 2873 SW 16TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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: EDWARD J GORVETZIAN

MGRM

02/25/2008

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