

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088045

Entity Name: FUSEBOX LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

11207 HARBOUR VISTA CIRCLE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

4116 PALMETTO BAY DRIVE
ELKTON, FL 32033

Current Mailing Address:

PO BOX 181
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 20-1500058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCHANAN, BILLY
11207 HARBOUR VISTA CIRCLE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

BUCHANAN, BILLY
4116 PALMETTO BAY DRIVE
ELKTON, FL 32033 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: _____

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUCHANAN, BILLY
Address: 11207 HARBOUR VISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: BUCHANAN, HEATHER L
Address: 11207 HARBOUR VISTA CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BUCHANAN, BILLY
Address: 4116 PALMETTO BAY DRIVE
City-St-Zip: ELKTON, FL 32033

Title: MGRM (X) Change () Addition
Name: BUCHANAN, HEATHER L
Address: 4116 PALMETTO BAY DRIVE
City-St-Zip: ELKTON, FL 32033

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: BILLY BUCHANAN

MGR

04/16/2009

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