2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# L07000093686

Entity Name: UNITEDRADS, LLC

Current Principal Place of Business:

8550 LOST COVE DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

1768 PARK CENTER DRIVE
380
ORLANDO, FL 32835

Current Mailing Address:

8550 LOST COVE DRIVE
ORLANDO, FL 32819

New Mailing Address:

P O BOX 692649
ORLANDO, FL 32869

FEI Number: 75-3257481 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PANZL, JOSEPH R
163 EAST MORSE BLVD., SUITE 200
WINTER PARK, FL 32789 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: MD ( ) Delete
Name: ABDALLA, ADEL A MD
Address: 8550 LOST COVE DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: ABDALLA, ADEL A
Address: 1768 PARK CENTER DRIVE
City-St-Zip: ORLANDO, FL 32835

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: ADEL A ABDALLA CEO 06/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date