

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098931

FILED
Jul 10, 2008
Secretary of State

Entity Name: EAPPROVAL LLC

Current Principal Place of Business:

6001 PARK OF COMMERCE BOULEVARD
BOCA RATON, FL 33487 US

New Principal Place of Business:

5944 CORAL RIDGE DR #237
CORAL SPRINGS, FL 33076 US

Current Mailing Address:

5944 CORAL RIDGE DRIVE
237
CORAL SPRINGS, FL 33076 US

New Mailing Address:

5944 CORAL RIDGE DRIVE #237
237
CORAL SPRINGS, FL 33076 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SULLIVAN, ROBERT J
6001 PARK OF COMMERCE BOULEVARD
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SULLIVAN, ROBERT J
5944 CORAL RIDGE DR #237
CORAL SPRINGS, FL 33076 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:

07/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SULLIVAN, ROBERT J
Address: 6001 PARK OF COMMERCE BOULEVARD
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SULLIVAN, ROBERT J
Address: 5944 CORAL RIDGE DR @237
City-St-Zip: PARKLAND, FL 33076 US

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: ROBERT J SULLIVAN

MGRM

07/10/2008

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