

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113593

FILED
Apr 27, 2009
Secretary of State

Entity Name: EFLOW LLC

Current Principal Place of Business:

3003 BARNHARD DRIVE, #117
TAMPA, FL 33613

New Principal Place of Business:

19904 BLUFF OAK BLVD
TAMPA, FL 33647

Current Mailing Address:

3003 BARNHARD DRIVE, #117
TAMPA, FL 33613

New Mailing Address:

19904 BLUFF OAK BLVD
TAMPA, FL 33647

FEI Number: 26-1249822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OHMAN, JOEL J CFP
3003 BARNHARD DRIVE, #117
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

OHMAN, JOEL J CFP
19904 BLUFF OAK BLVD
TAMPA, FL 33647 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OHMAN, JOEL J
Address: 3003 BARNHARD DRIVE, #117
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Delete
Name: FILER, HOLLY
Address: 540 CARILLON PARKWAY, #1033
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: COMBS, CARRIE
Address: 602 LARRIE ELLEN WAY
City-St-Zip: BRANDON, FL 33511

Title: MGRM () Delete
Name: HERCHENRODER, HOLLY
Address: 2346 HILLARY CREST STREET, APT. 108
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM () Delete
Name: KELLOGG, MATT
Address: 2324 CHAUCHER STREET
City-St-Zip: CLEARWATER, FL 33765

Title: MGRM () Delete
Name: MCFAWN, MARK
Address: 1511 SAN MARCO DR., #108
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OHMAN, JOEL J
Address: 19904 BLUFF OAK BLVD
City-St-Zip: TAMPA, FL 33613

Title: MGRM (X) Change () Addition
Name: FILER, HOLLY
Address: 1339 HATCHER LOOP DRIVE
City-St-Zip: BRANDON, FL 33511

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

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: JOEL J OHMAN

MBR

04/27/2009

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