2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117120

Entity Name: ELEMONATOR, LLC.

FILED May 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3032 BROUGHAM AVE 548 MARY ESTHER CUTOFF #18

JACKSONVILLE, FL 32246 US PMB217

FORT WALTON BEACH, FL 32548 US

Current Mailing Address: New Mailing Address:

PO BOX 77256 548 MARY ESTHER CUTOFF #18

JACKSONVILLE, FL 32226 US PMB217

FORT WALTON BEACH, FL 32548 US

FEI Number: 26-1456286 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: Name and Address of New Registered Agent:

CLAMP, JENNIFER L CLAMP, JENNIFER L

3032 BROUGHAM AVE 548 MARY ESTHER CUTOFF #18
JACKSONVILLE, FL 32246 US FORT WALTON BEACH, FL 32548 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: 05/08/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: CLAMP, JENNIFER Name: CLAMP, JENNIFER
Address: PO BOX 77256 Address: 548 MARY ESTHER CUTOFF# 18 PMB 217

City-St-Zip: JACKSONVILLE, FL 32226 US City-St-Zip: FORT WALTON BEACH, FL 32548 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: JENNIFER L. CLAMP MGRM 05/08/2009