

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119408

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: ENTER YOUR HOURS, LLC

## Current Principal Place of Business:

6265 INDIAN FOREST CIRCLE  
LAKE WORTH, FL 33463 US

## New Principal Place of Business:

## Current Mailing Address:

6265 INDIAN FOREST CIRCLE  
LAKE WORTH, FL 33463 US

## New Mailing Address:

FEI Number: 26-1487836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AARON, KORFF S  
6265 INDIAN FOREST CIRCLE  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

SHALOM, KORFF  
6265 INDIAN FOREST CIRCLE  
LAKE WORTH, FL 33463 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: SHALOM KORFF

04/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AARON, KORFF S  
Address: 6265 INDIAN FOREST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGRM ( ) Delete  
Name: SHALOM, KORFF S  
Address: 6265 INDIAN FOREST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGRM ( ) Delete  
Name: MARCIO, FORNAZIERI  
Address: RUA FRANCISO RUDOF, 140 - VILA HELENA  
City-St-Zip: SANTO ANDRÉ, SP 09175-720 BR

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: SHALOM, KORFF  
Address: 6265 INDIAN FOREST CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463 US

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: SHALOM KORFF

MGRM

04/21/2009

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