

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121766

Entity Name: SABYENT HOLDINGS, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

692 STONEFIELD LOOP
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

692 STONEFIELD LOOP
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 26-1693410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENDHARKER, BRENDA
646 STONEFIELD LOOP
HEATHROW, FL 32476 US

Name and Address of New Registered Agent:

PENDHARKER, BRENDA
692 STONEFIELD LOOP
HEATHROW, FL 32476 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:

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PENDHARKAR, YESHODHAN
Address: 692 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Delete
Name: PENDHARKAR, BRENDA
Address: 692 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: S () Delete
Name: PENDHARKAR, YESHODHAN
Address: 692 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES:

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: BRENDA PENDHARKAR

MGR

01/15/2009

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