2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L07000122336

Entity Name: MELLED, LLC

Current Principal Place of Business:

16115 EAST COURSE DRIVE
TAMPA, FL 33624

New Principal Place of Business:

16115 EAST COURSE DRIVE
TAMPA, FL 336241123

Current Mailing Address:

16115 EAST COURSE DRIVE
TAMPA, FL 33624

New Mailing Address:

16115 EAST COURSE DRIVE
TAMPA, FL 336241123

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, LARRY S
16115 EAST COURSE DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

WEAVER, LARRY S
16115 EAST COURSE DRIVE
TAMPA, FL 336241123 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: LARRY S. WEAVER 03/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEAVER, LARRY S
Address: 16115 EAST COURSE DRIVE
City-St-Zip: TAMPA, FL 33624

Title: MGR ( ) Delete
Name: WEAVER, SHARON C
Address: 16115 EAST COURSE DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WEAVER, LARRY S
Address: 16115 EAST COURSE DRIVE
City-St-Zip: TAMPA, FL 336241123

Title: MGR (X) Change ( ) Addition
Name: WEAVER, SHARON C
Address: 16115 EAST COURSE DRIVE
City-St-Zip: TAMPA, FL 336241123

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: LARRY S. WEAVER MGRM 03/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date