

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Sep 09, 2009  
Secretary of State**

DOCUMENT# L07000126583

Entity Name: IRENA AISTROP, LLC

**Current Principal Place of Business:**

1521 GANTS CIRCLE  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1521 GANTS CIRCLE  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 26-1611985      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:**

AISTROP, IRENA  
1521 GANTS CIRCLE  
KISSIMMEE, FL 34744      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: AISTROP, IRENA  
Address: 1521 GANTS CIRCLE  
City-St-Zip: KISSIMMEE, FL 34744

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: IRENA AISTROP

MGRM

09/09/2009

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