

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005752

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SENS-A-DAT LLC

**Current Principal Place of Business:**

13401 SUTTON PARK DR. S  
#1028  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

4277 CHELSEA HARBOR DR W  
JACKSONVILLE, FL 32224 US

**Current Mailing Address:**

13401 SUTTON PARK DR. S  
#1028  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

4277 CHELSEA HARBOR DR W  
JACKSONVILLE, FL 32224 US

FEI Number: 20-2164521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ENGELGAU, GARY O  
13401 SUTTON PARK DR. S  
#1028  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

ENGELGAU, GARY O  
4277 CHELSEA HARBOR DR W  
JACKSONVILLE, FL 32224 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: \_\_\_\_\_

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ENGELGAU, GARY O  
Address: 13401 SUTTON PARK DR. S #1028  
City-St-Zip: JACKSONVILLE, FL 32224 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ENGELGAU, GARY O  
Address: 4277 CHELSEA HARBOR DR W  
City-St-Zip: JACKSONVILLE, FL 32224 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: GARY O ENGELGAU

OWNR

04/30/2009

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