2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L08000012199

Entity Name: EDISENCE, LLC

Current Principal Place of Business:

301 WEST PLATT ST, SUITE 325
TAMPA, FL 33606 US

New Principal Place of Business:

301 WEST PLATT ST.
SUITE 325
TAMPA, FL 33606 US

Current Mailing Address:

301 WEST PLATT ST, SUITE 325
TAMPA, FL 33606 US

New Mailing Address:

301 WEST PLATT ST.
SUITE 325
TAMPA, FL 33606 US

FEI Number: 26-2163117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: ROSBOUGH, CHRISTOPHER P
Address: 860 SUGAR HOUSE DRIVE
City-St-Zip: PORT ORANGE, FL 32129 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: ROSBOUGH, CHRISTOPHER P
Address: 301 W PLATT ST SUITE 325
City-St-Zip: TAMPA, FL 33606 US

Title: VP ( ) Change (X) Addition
Name: MARTINEZ, JASON G
Address: 301 W PLATT ST SUITE 325
City-St-Zip: TAMPA, FL 33606 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: CHRISTOPHER P ROSBOUGH CEO 01/16/2009

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