

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015179

Entity Name: SCIENCRIPTUS LLC

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

18800 NE 29TH AVE. #822  
AVENTURA, FL 33180

## New Principal Place of Business:

18800 NE 29TH AVE.  
822  
AVENTURA, FL 33180

## Current Mailing Address:

18800 NE 29TH AVE. #822  
AVENTURA, FL 33180

## New Mailing Address:

18800 NE 29TH AVE.  
822  
AVENTURA, FL 33180

FEI Number: 35-2326931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAPIR, SHALOM  
18800 NE 29TH AVE. #822  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

SAPIR, SHALOM  
18800 NE 29TH AVE.  
822  
AVENTURA, FL 33180 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: SHALOM SAPIR

03/23/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SAPIR, SHALOM  
Address: 18800 NE 29TH AVE. #822  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: SAPIR, TAMAR  
Address: 18800 NE 29TH AVE. #822  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

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: SHALOM SAPIR

MGR

03/23/2009

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