

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026329

FILED
Jan 21, 2009
Secretary of State

Entity Name: IINCEPTION LLC

Current Principal Place of Business:

202 E. SOUTH ST., UNIT 4049
ORLANDO, FL 32801

New Principal Place of Business:

202 E. SOUTH ST.
UNIT 4049
ORLANDO, FL 32801

Current Mailing Address:

202 E. SOUTH ST., UNIT 4049
ORLANDO, FL 32801

New Mailing Address:

202 E. SOUTH ST.
UNIT 4049
ORLANDO, FL 32801

FEI Number: 26-2142952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGA, ALEM
202 E. SOUTH ST., UNIT 4049
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

AGA, ALEM
202 E. SOUTH ST.
UNIT 4049
ORLANDO, FL 32801 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:

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AGA, ALEM
Address: 202 E. SOUTH ST., UNIT 4049
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: KEJRIWAL, AMIT
Address: 21 S GLENWOOD AVE
City-St-Zip: ORLANDO, FL 32803

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: ALEM AGA

MGRM

01/21/2009

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