

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032167

Entity Name: FLORIDA SURGE LLC

FILED
Jul 01, 2009
Secretary of State

Current Principal Place of Business:

213 WOODLAKE DR
MAITLAND, FL 32751

New Principal Place of Business:

213 WOOD LAKE DR
MAITLAND, FL 32751

Current Mailing Address:

213 WOODLAKE DR
MAITLAND, FL 32751

New Mailing Address:

213 WOOD LAKE DR
MAITLAND, FL 32751

FEI Number: 45-0592302 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:

SISLEY, KELLY A
715 ASHFORD OAKS DR
204
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SISLEY, KELLY A
213 WOOD LAKE DR
MAITLAND, FL 32751 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:

07/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SISLEY, KELLY A
Address: 213 WOODLAKE DR
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Delete
Name: SISLEY, KELLY A
Address: 715 ASHFORD OAKS DR - # 204
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: KELLY A. SISLEY

MGR

07/01/2009

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