

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037796

FILED
Apr 30, 2009
Secretary of State

Entity Name: FORMING UNITY WITH CHARITIES TO COMBAT ACQUIRED IMMUNE DEFICIENCY SYNDROME, LLC

Current Principal Place of Business:

2530 SW 32 LN
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

2530 SW 32 LN
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 45-0593458 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STORRS, RUSSELL L
2530 SW 32ND LANE
CAPE CORAL, FL 33914 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: MGR () Delete
Name: STORRS, TYLER M
Address: 2530 SW 32 LN
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES:

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: TYLER M STORRS

MGR

04/30/2009

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