

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043209

FILED
Jan 12, 2009
Secretary of State

Entity Name: LATITUDES ENGINEERING GROUP LLC

Current Principal Place of Business:

150 NORTH ORANGE AVE, STE 404
ORLANDO, FL 32801

New Principal Place of Business:

150 NORTH ORANGE AVENUE
SUITE 404
ORLANDO, FL 32801

Current Mailing Address:

150 NORTH ORANGE AVE, STE 404
ORLANDO, FL 32801

New Mailing Address:

150 NORTH ORANGE AVENUE
SUITE 404
ORLANDO, FL 32801

FEI Number: 26-2523364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINN, LARRY A
3101 S. BUMBY AVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

MCGINN, LARRY A
3101 SOUTH BUMBY AVENUE
ORLANDO, FL 32806 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:

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCGINN, LARRY A
Address: 3101 S. BUMBY AVE
City-St-Zip: ORLANDO, FL 32806

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGINN, LARRY A PRES
Address: 3101 SOUTH BUMBY AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Change (X) Addition
Name: WILDE, LISA M ST
Address: 418 BROADWAY AVENUE, APT. 4
City-St-Zip: ORLANDO, FL 32803

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: LISA WILDE

MGRM

01/12/2009

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