

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045278

Entity Name: EDAN ENTERPRISES, LLC

FILED  
May 03, 2009  
Secretary of State

## Current Principal Place of Business:

3600-B SW ARCHER RD  
GAINESVILLE, FL 32608

## New Principal Place of Business:

3600 SW ARCHER RD  
SUITE B  
GAINESVILLE, FL 32608

## Current Mailing Address:

8862 SW 91ST PL  
GAINESVILLE, FL 32608

## New Mailing Address:

FEI Number: 26-2941927      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:

RUZAKOWSKI, EDMUND J  
8862 SW 91ST PL  
GAINESVILLE, FL 32608      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: MGRM ( ) Delete  
Name: RUZAKOWSKI, ANNE M  
Address: 8862 SW 91ST PL  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: RUZAKOWSKI, EDMUND J  
Address: 8862 SW 91ST PL  
City-St-Zip: GAINESVILLE, FL 32608

## 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: ANNE RUZAKOWSKI

MGRM

05/03/2009

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