

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050386

FILED
Jan 22, 2009
Secretary of State

Entity Name: TERRABBLUE LLC

Current Principal Place of Business:

1637 E VINE STREET
SUITE 130
KISSIMMEE, FL 34744 US

New Principal Place of Business:

3956 TOWN CENTER BLVD
SUITE 272
ORLANDO, FL 32837 US

Current Mailing Address:

1637 E VINE STREET
SUITE 130
KISSIMMEE, FL 34744 US

New Mailing Address:

3956 TOWN CENTER BLVD
SUITE 272
ORLANDO, FL 32837 US

FEI Number: 26-2669422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL ABOUT FINANCE AND MORE LLC
1633 E VINE STREET
SUITE 216
KISSIMMEE, FL 34744 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: MEDINA, DANIEL
Address: PO BOX 450158
City-St-Zip: KISSIMMEE, FL 34745 US

Title: MGRM () Delete
Name: MEDINA, DAMASO
Address: PO BOX 450158
City-St-Zip: KISSIMMEE, FL 34745 US

Title: MGRM () Delete
Name: MEDINA, CARMEN
Address: PO BOX 450158
City-St-Zip: KISSIMMEE, FL 34745 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL MEDINA

MGR

01/22/2009

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