

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054031

FILED
Feb 04, 2009
Secretary of State

Entity Name: PDJ ASSOCIATES FLORIDA, LLC

Current Principal Place of Business:

1970 EAST OSCEOLA PARKWAY, #88
KISSIMMEE, FL 34743

New Principal Place of Business:

Current Mailing Address:

1970 EAST OSCEOLA PARKWAY, #88
KISSIMMEE, FL 34743

New Mailing Address:

FEI Number: 26-2747157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LEUNG, BRIAN A ESQ.
201 N. ARMENIA AVE.
TAMPA, FL 33609 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: BRIAN A. LEUNG, ESQ.

02/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KERSTEN, MICHAEL
Address: 5500 SUTH COBB DRIVE, BUILDING 100
City-St-Zip: SMYRNA, GA 30080

Title: MGR (X) Delete
Name: KERSTEN, JULIET
Address: 5500 SUTH COBB DRIVE, BUILDING 100
City-St-Zip: SMYRNA, GA 30080

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEL PRINCIPE, DAPHNE
Address: 5575 LAKE FOREST DRIVE NE
City-St-Zip: ATLANTA, GA 30342

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: DAPHNE DEL PRINCIPE

MGR

02/04/2009

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