

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055523

FILED  
May 12, 2009  
Secretary of State

Entity Name: PORPUCINE HOLDING I, LLC

## Current Principal Place of Business:

9 BRIGHWATERS CIRCLE NE  
SAINT PETERSBURG, FL 33704

## New Principal Place of Business:

9 BRIGHTWATERS CIRCLE NE  
SAINT PETERSBURG, FL 33704

## Current Mailing Address:

9 BRIGHWATERS CIRCLE NE  
SAINT PETERSBURG, FL 33704

## New Mailing Address:

9 BRIGHTWATERS CIRCLE NE  
SAINT PETERSBURG, FL 33704

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

ISON HOCHÉ, MARILYN  
9 BRIGHWATERS CIRCLE NE  
SAINT PETERSBURG, FL 33704 US

## Name and Address of New Registered Agent:

HOCHÉ, MARILYN ISON  
9 BRIGHTWATERS CIRCLE NE  
SAINT PETERSBURG, FL 33704 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: MARILYN ISON HOCHÉ

05/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: HOCHÉ, MARILYN ISON  
Address: 9 BRIGHTWATERS CIRCLE NE  
City-St-Zip: ST PETERSBURG, FL 33704 US

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: MARILYN ISON HOCHÉ

MGR

05/12/2009

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