

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056596

Entity Name: CYBER VAULT, LLC

FILED  
Feb 25, 2009  
Secretary of State

**Current Principal Place of Business:**

18950 US HWY 441  
155  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 181724  
CASSELBERRY, FL 32718

**New Mailing Address:**

FEI Number: 26-3433997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MORRISON, WILLIAM ESQ  
7100 S HWY 17-92  
FERN PARK, FL 32730 US

**Name and Address of New Registered Agent:**

HATFIELD & BAXLEY  
149 N. KENTUCKY AVE  
UMATILLA, FL 32784 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: MICHAEL HATFIELD, ESQ.

02/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOPKINS, LESLEIGH  
Address: 18950 US HWY 441 #155  
City-St-Zip: MT. DORA, FL 32757

Title: MGR ( ) Delete  
Name: BANGLE, BRIAN  
Address: 18950 US HWY 441 #155  
City-St-Zip: MT. DORA, FL 32757

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: STEPHANIE, SMITH  
Address: 18950 US HWY 441 #155  
City-St-Zip: MT. DORA, FL 32757

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: STEPHANIE SMITH

MGR

02/25/2009

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