

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060797

FILED  
May 01, 2009  
Secretary of State

Entity Name: HYDRAH SYSTEMS, LLC

**Current Principal Place of Business:**

2701 SOUTH BAYSHORE DRIVE  
305  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2701 SOUTH BAYSHORE DRIVE  
305  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 26-2865999      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:**

ALVAREZ, ALMAZAN & BARBARA, LLP  
2701 SOUTH BAYSHORE DRIVE  
305  
MIAMI, FL 33133 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: BARBARA, RICHARD L  
Address: 2701 SOUTH BAYSHORE DRIVE, STE. 305  
City-St-Zip: MIAMI, FL 33133

Title: MGR ( ) Delete  
Name: OUTER V, LLC  
Address: 6460 MILLER DRIVE  
City-St-Zip: MIAMI, FL 33155

**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: RICHARD L. BARBARA

MGRM

05/01/2009

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