

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070580

FILED
Apr 30, 2009
Secretary of State

Entity Name: PRUDENTIAL PROPERTIES LLC

Current Principal Place of Business:

7751 W. WATERS AVENUE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6185
BRANDON, FL 33508

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABUAMAISH, MAJED
11620 GROVE ARCADE DR.
RIVERVIEW, FL 33569 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: ABUAMAISH, MAJED
Address: P.O. BOX 1372
City-St-Zip: RIVERVIEW, FL 33568

Title: MGR () Delete
Name: ABUIMAISH, GUS
Address: P.O. BOX 886
City-St-Zip: RIVERVIEW, FL 33568

Title: MGR () Delete
Name: ABURAYYA, AMANI
Address: P.O. BOX 1372
City-St-Zip: RIVERVIEW, FL 33568

Title: MGR () Delete
Name: ABUEMAISH, AMJED
Address: P.O. BOX 886
City-St-Zip: RIVERVIEW, FL 33568

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:

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: MA

MG

04/30/2009

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