

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076989

Entity Name: N633US LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

% GEOFFREY M. WAYNE, P.A.
2929 SW THIRD AVENUE, STE. 330
MIAMI, FL 331292710

New Principal Place of Business:

% GEOFFREY M. WAYNE, P.A.
2929 SW THIRD AVENUE, STE. 330
MIAMI, FL 331292710 US

Current Mailing Address:

% GEOFFREY M. WAYNE, P.A.
2929 SW THIRD AVENUE, STE. 330
MIAMI, FL 331292710

New Mailing Address:

% GEOFFREY M. WAYNE, P.A.
2929 SW THIRD AVENUE, STE. 330
MIAMI, FL 331292710 US

FEI Number: 32-0258969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE, GEOFFREY M ESQ.
2929 SW THIRD AVENUE, STE. 330
MIAMI, FL 331292710 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: MGR () Delete
Name: WALSTON, LARRY
Address: 2929 SW THIRD AVENUE, STE. 330
City-St-Zip: MIAMI, FL 331292710

Title: PS () Delete
Name: WALSTON, LARRY
Address: 2929 SW THIRD AVENUE, STE. 330
City-St-Zip: MIAMI, FL 331292710

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: LARRY WALSTON

MGR

04/30/2009

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