2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L08000077508

Entity Name: MELTING BARRIERS LLC

Current Principal Place of Business:

7860 GATE PKWY STE 101
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7860 GATE PKWY STE 101
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-3156180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBIE, MICHAEL P
7860 GATE PKWY STE 101
JACKSONVILLE, FL 32256 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: ROBIE, MICHAEL P
Address: 2668 CASA SEVILA AVE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM ( ) Delete
Name: ADDISON, DANNY N II
Address: 104 PALMERA COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROBIE, MICHAEL P
Address: 246 CASA SEVILLA AVE
City-St-Zip: ST AUGUSTINE, FL 32092

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

Title: MGRM ( ) Change (X) Addition
Name: SOULBY, BRIAN
Address: 4168 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

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: MICHAEL P. ROBIE MGRM 04/15/2009

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