

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080931

Entity Name: MELIEXP LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

24140 ROBINWOOD ST.  
LEESBURG, FLORIDA, FL 34748 US

**New Principal Place of Business:**

760 HOLLY SPRINGS TER  
OVIEDO, FL 32765 US

**Current Mailing Address:**

24140 ROBINWOOD ST.  
LEESBURG, FLORIDA, FL 34748 US

**New Mailing Address:**

760 HOLLY SPRINGS TER  
OVIEDO, FL 32765 US

FEI Number: 26-3282235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGROVES, WILLIAM A  
24140 ROBINWOOD ST.  
LEESBURG, FL 34748 US

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

GROVES, WILLIAM A  
760 HOLLY SPRINGS TER  
OVIEDO, FL 32765 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: WILLIAM A GROVES

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GROVES, WILLIAM A  
Address: 24140 ROBINWOOD ST.  
City-St-Zip: LEESBURG, FLORIDA, FL 34748 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GROVES, WILLIAM A  
Address: 760 HOLLY SPRINGS TER  
City-St-Zip: OVIEDO, FL 32765 US

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: WILLIAM A GROVES

MGRM

04/27/2009

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