

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091856

FILED
Mar 31, 2009
Secretary of State

Entity Name: ERNOUDE INSURANCE-INCOME TAX LLC

Current Principal Place of Business:

17 SOUTH STATE RD 7
PLANTATION,, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

17 SOUTH STATE RD 7
PLANTATION,, FL 33317 US

New Mailing Address:

FEI Number: 61-1571063 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NESTAN-TERNIER, ERNOUDE
1045 NW 5TH AVE
1
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

PHILIPPE, BIEN AIME
12460 SW 1 STREET
PLANTATION, FL 33325 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: PHILIPPE BIEN AIME

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NESTAN-TERNIER, ERNOUDE MGRM
Address: 1045 NW 5TH AVE APT-1
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGR () Delete
Name: TITUS, DANIELLA
Address: 13003 SW 24TH ST
City-St-Zip: MIRAMAR, FL 33024 US

ADDITIONS/CHANGES:

Title: MG (X) Change () Addition
Name: NESTAN-TERNIER, ERNOUDE MGRM
Address: 1045 NW 5TH AVE APT-1
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: MGR (X) Change () Addition
Name: PHILIPPE, BIEN AIME
Address: 12460 SW 1 STREET
City-St-Zip: PLANTATION, FL 33325 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: PHILIPPE BIEN AIME

PRES

03/31/2009

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