

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000092157

Entity Name: WRAXALL, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

796 SUNFLOWER COURT
WESTON, FL 33327

New Principal Place of Business:

796 SUNFLOWER CIRCLE
WESTON, FL 33327

Current Mailing Address:

796 SUNFLOWER COURT
WESTON, FL 33327

New Mailing Address:

796 SUNFLOWER CIRCLE
WESTON, FL 33327

FEI Number: 26-3454560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XIE, YENONG
796 SUNFLOWER COURT
WESTON, FL 33327 US

Name and Address of New Registered Agent:

XIE, YENONG PRESIDE
796 SUNFLOWER CIRCLE
WESTON, FL 33327 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: XIE, YENONG

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: XIE, YENONG PRESIDE
Address: 796 SUNFLOWER CIR
City-St-Zip: WESTON, FL 33327

Title: VP () Change (X) Addition
Name: XIE, ZUJUN VP
Address: 796 SUNFLOWER CIR
City-St-Zip: WESTON, FL 33327

Title: SECT () Change (X) Addition
Name: ZHANG, YINGYING SECT
Address: 796 SUNFLOWER CIR
City-St-Zip: WESTON, FL 33327

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: XIE, YENONG

P

01/06/2009

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