2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2009
Secretary of State

DOCUMENT# L08000098830

Entity Name: BEVLYN SAGON PH.D. LLC

Current Principal Place of Business:

4699 N. FEDERAL HWY, STE. 208 D
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4699 N. FEDERAL HWY, STE. 208 D
POMPANO BEACH, FL 33064

New Mailing Address:

6101 NW 44 LANE
COCONUT CREEK, FL 33073

FEI Number: 26-3583637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAGON, BEVLYN PH.D.
4699 N. FEDERAL HWY, STE. 208 D
POMPANO BEACH, FL 33064 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: SAGON, BEVLYN PH.D.
Address: 4699 N. FEDERAL HWY, STE. 208 D
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

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: BEVLYN SAGON, PH.D. MGR 09/08/2009

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