

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105295

FILED
Apr 06, 2009
Secretary of State

Entity Name: IFSN LLC

Current Principal Place of Business:

1990 MAIN ST, SUITE 750
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 442
OSPREY, FL 34229

New Mailing Address:

FEI Number: 26-3745304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OATES, SHELDON
1990 MAIN ST, SUITE 750
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

OATES, SHELDON
1990 MAIN ST
SUITE 750
SARASOTA, FL 34236 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: SJO

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OATES, SHELDON J
Address: P.O. BOX 442
City-St-Zip: OSPREY, FL 34229

Title: MGRM () Delete
Name: HICKS, WILLIAM W
Address: 1205 S ELIZABETH ST, SUITE B
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

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

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: SHELDON J OATES

MGR

04/06/2009

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