

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105726

Entity Name: SAMSQUARE.NET LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4710 EISENHOWER BLVD
A-9
TAMPA, FL 33634

Current Mailing Address:

4710 EISENHOWER BLVD
A-9
TAMPA, FL 33634

New Principal Place of Business:

8710 W HILLSBOROUGH AVE
#112
TAMPA, FL 33615

New Mailing Address:

8710 W HILLSBOROUGH AVE
#112
TAMPA, FL 33615

FEI Number: 26-3805680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERZI, SAMUEL M
4710 EISENHOWER BLVD
A-9
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

TERZI, SAMUEL M
8710 W HILLSBOROUGH AVE
#112
TAMPA, FL 33615 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: SAMUEL M TERZI

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TERZI, SAMUEL M
Address: 4710 EISENHOWER BLVD A-9
City-St-Zip: TAMPA, FL 33634

Title: MGRM (X) Delete
Name: ESTRIN, SAM
Address: 4710 EISENHOWER BLVD A-9
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TERZI, SAMUEL M
Address: 8710 W HILLSBOROUGH AVE #112
City-St-Zip: TAMPA, FL 33615

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: SAMUEL M TERZI

MGRM

04/30/2009

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