

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000076610

FILED  
Apr 27, 2010  
Secretary of State

Entity Name: LED FRANCHISING, L.L.C.

**Current Principal Place of Business:**

3101 FAIRLAINE FARMS RD  
SUITE 4  
WEST PALM BEACH, FL 33414 US

**New Principal Place of Business:**

3101 FAIRLANE FARMS RD  
SUITE 4  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

3101 FAIRLAINE FARMS RD  
SUITE 4  
WEST PALM BEACH, FL 33414 US

**New Mailing Address:**

3101 FAIRLANE FARMS RD  
SUITE 4  
WELLINGTON, FL 33414 US

FEI Number: 27-1394126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEBER, SCOTT P ESQ.  
100 S. ASHLEY DRIVE  
SUITE 1900  
TAMPA, FL 33602 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: MGRM  
Name: FAIRBAIRN, MARCEL PRES  
Address: 3101 FAIRLANE FARMS RD STE 4  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR  
Name: VITERI, CYNTHIA  
Address: 3101 FAIRLANE FARMS RD, STE 4  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR  
Name: COOPER, GAVIN VP  
Address: 3101 FAIRLANE FARMS RD, STE 4  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR  
Name: TORRES, BETHZAIDA CFO  
Address: 3101 FAIRLANE FARMS RD, STE 4  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby 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: BETHZAIDA TORRES

CFO

04/27/2010

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