

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080806

FILED  
Apr 11, 2011  
Secretary of State

Entity Name: MODUS DIRECT, LLC

**Current Principal Place of Business:**

1343 MAIN STREET  
SUITE 301  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1343 MAIN STREET  
SUITE 301  
SARASOTA, FL 34236 US

**New Mailing Address:**

FEI Number: 27-0777897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REARDON, SHANI  
1343 MAIN STREET  
SUITE 301  
SARASOTA, FL 34236 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: REARDON, SHANI  
Address: 2267 BRIAR CREEK WAY  
City-St-Zip: SARASOTA, FL 34235 US

Title: MGRM  
Name: ALTIERI, MICHAEL  
Address: 2623 44TH STREET S  
City-St-Zip: GULFPORT, FL 33707 US

Title: MGRM  
Name: BROWN, STEPHANIE  
Address: 208 BON VIE PLACE  
City-St-Zip: VALRICO, FL 33594

Title: MGRM  
Name: JACOBSON, JORDAN  
Address: 3083 ASHLAND TERRACE  
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM  
Name: REARDON, MICHAEL  
Address: 4802 HAWKSHEAD PARKWAY  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM  
Name: HOOPER, CYNTHIA  
Address: 5593 CEDAR OAK DR  
City-St-Zip: SARASOTA, FL 34231

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: SHANI REARDON

MGRM

04/11/2011

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