

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021332

**Entity Name:** INTERNET DIRECTORY LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12333 NW 18TH ST.  
SUITE 2  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

12333 NW 18TH ST.  
SUITE 2  
PEMBROKE PINES, FL 33026

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

AMARO, ANGIE B  
12333 NW 18 TH ST  
SUITE 2  
PEMBROKE PINES, FL 33026 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: BSR MEDICAL LLC  
Address: 5600 MANOR OAK AVE  
City-St-Zip: HOLLYWOOD, FL 33312

Title: MGRM  
Name: GRIFFITH, GARFIELD  
Address: 12333 NW 18TH ST SUITE 2  
City-St-Zip: PEMBROKE PINES, FL 33026

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: BOAZ ROSENBLAT

MGR

02/16/2011

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