

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000086272

Entity Name: TELERI SYSTEMS LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1406 JORHAGEN DR.  
MINNEOLA, FL 34715 US

## **New Principal Place of Business:**

285 UPTOWN BLVD.  
APT 425  
ALTAMONTE SPRINGS, FL 32701 US

## **Current Mailing Address:**

1406 JORHAGEN DR.  
MINNEOLA, FL 34715 US

## **New Mailing Address:**

285 UPTOWN BLVD.  
APT 425  
ALTAMONTE SPRINGS, FL 32701 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KELLEY, DEREK T  
1406 JORHAGEN DR.  
MINNEOLA, FL 34715 US

## **Name and Address of New Registered Agent:**

GOHLKE, JOBEN C  
285 UPTOWN BLVD.  
APT 425  
ALTAMONTE SPRINGS, FL 32701 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: JOBEN GOHLKE

04/30/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOHLKE, JOBEN C  
Address: 285 UPTOWN BLVD. APT 425  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR  
Name: GOHLKE, MERRY M  
Address: 187 SHERIDAN AVE.  
City-St-Zip: LONGWOOD, FL 32750 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: JOBEN GOHLKE

MR.

04/30/2011

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