

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002519

FILED
Jun 09, 2009
Secretary of State

Entity Name: MERIDIAN DEVELOPMENT GROUP (FLORIDA) LLC

Current Principal Place of Business:

17757 US HWY 19 NORTH
SUITE 200
CLEARWATER, FL 33764 US

New Principal Place of Business:

4600 140TH AVE N
STE # 220
CLEARWATER, FL 33762 US

Current Mailing Address:

17757 US HWY 19 NORTH
SUITE 200
CLEARWATER, FL 33764

New Mailing Address:

4600 140TH AVE N
STE # 220
CLEARWATER, FL 33762 US

FEI Number: 20-4752567 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED CORPORATE SERVICES, INC
9200 SOUTH DADELAND BLVD
SUITE 503
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

KOSSOFF, ILONA
4600 140TH AVE N
STE # 220
CLEARWATER, FL 33762 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: ILONA KOSSOFF

06/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOSSOFF, STEVEN
Address: 17757 US HIGHWAY 19 NORTH, SUITE 200
City-St-Zip: TAMPA, FL 33764

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOSSOFF, STEVEN
Address: 4600 140TH AVE N STE # 220
City-St-Zip: CLEARWATER, FL 33762

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: STEVEN KOSSOFF

MNGR

06/09/2009

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