2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# M07000000383

Entity Name: RAMSAI MACCLENNY, LLC

Current Principal Place of Business:

5450 MCGINNIS VILLAGE PLACE, SUITE 103
ALPHARETTA, GA 30005

New Principal Place of Business:

6679 PEACHTREE IND
SUITE G
NORCROSS, GA 30092

Current Mailing Address:

PO BOX 4167
ALPHARETTA, GA 30023

New Mailing Address:

FEI Number: 20-8165232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: RAMCHANDANI, DEEPAK C
Address: 5450 MCGINNIS VILLAGE PLACE, SUITE 103
City-St-Zip: ALPHARETTA, GA 30005

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RAMCHANDANI, VIDYA D
Address: 6679 PEACHTREE IND BLVD SUITE G
City-St-Zip: NORCORSS, GA 30092

Title: MGRM ( ) Change (X) Addition
Name: RAMCHANDANI, NEAL
Address: 6679 PEACHTREE IND BLVD SUITE G
City-St-Zip: NIORCROSS, GA 30092

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: V RAMCHANDANI MGR 02/04/2009

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