

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M07000003388

FILED
Sep 25, 2009
Secretary of State**Entity Name:** SURREAL DYNAMICS LIMITED CO.**Current Principal Place of Business:**1230 GULF BLVD
UNIT 1607
CLEARWATER, FL 33767**New Principal Place of Business:****Current Mailing Address:**1230 GULF BLVD
UNIT 1607
CLEARWATER, FL 33767**New Mailing Address:****FEI Number:** 20-4537828**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MCCARTHY, KATHRYN A
1230 GULF BLVD
UNIT 1607
CLEARWATER, FL 33767 US**Name and Address of New Registered Agent:**ROLLAR, RICHARD G
1230 GULF BLVD
1607
CLEARWATER BEACH, FL 33767 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: RICHARD G ROLLAR

09/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: MCCARTHY, KATHRYN A
Address: 1230 GULF BLVD UNIT 1607
City-St-Zip: CLEARWATER, FL 33767**Title:** MGRM (X) Delete
Name: ROLLAR, KATHRYN G
Address: 1230 GULF BLVD UNIT 1607
City-St-Zip: CLEARWATER, FL 33767**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: ROLLAR, RICHARD G
Address: 1230 GULF BLVD UNIT 1607
City-St-Zip: CLEARWATER, FL 33767**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD G ROLLAR

MGRM

09/25/2009

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