

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000582

Entity Name: OSPRO SYSTEMS LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

1912 NW 26TH AVE
CAPE CORAL, FL 33993

New Principal Place of Business:

909 DEL PRADO BLVD S., SUITE 201
CAPE CORAL, FL 33990

Current Mailing Address:

1912 NW 26TH AVE
CAPE CORAL, FL 33993

New Mailing Address:

909 DEL PRADO BLVD S., SUITE 201
CAPE CORAL, FL 33990

FEI Number: 34-2031318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KASIREDDY, HEMAPRASAD
1912 NW 26TH AVE
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

KASIREDDY, HEMAPRASAD
909 DEL PRADO BLVD S., SUITE 201
CAPE CORAL, FL 33990 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KASIREDDY, HEMAPRASAD
Address: 1912 NW 26TH AVE
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KASIREDDY, HEMAPRASAD
Address: 909 DEL PRADO BLVD S., SUITE 201
City-St-Zip: CAPE CORAL, FL 33990

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: HEMAPRASAD KASIREDDY

MGRM

01/08/2009

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