

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000582

FILED  
Feb 08, 2012  
Secretary of State

Entity Name: OSPRO SYSTEMS LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1327 LAFAYETTE ST  
C  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

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

**New Mailing Address:**

1327 LAFAYETTE ST  
C  
CAPE CORAL, FL 33904 US

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

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

KASIREDDY, HEMAPRASAD R  
2628 FAIRMONT COVE CT  
CAPE CORAL, FL 33991 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: HEMAPRASAD R. KASIREDDY

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KASIREDDY, HEMAPRASAD R  
Address: 2628 FAIRMONT COVE CT  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGRM  
Name: PALAKONDU, CHANDRAKALA D  
Address: 2628 FAIRMONT COVE CT  
City-St-Zip: CAPE CORAL, FL 33991 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: HEMAPRASAD R. KASIREDDY

MGRM

02/08/2012

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