

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002185

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PRISMA ADMINISTRATION, LLC

**Current Principal Place of Business:**

13124 TRINITY DRIVE  
STAFFORD, TX 77477

**New Principal Place of Business:**

**Current Mailing Address:**

13124 TRINITY DRIVE  
STAFFORD, TX 77477

**New Mailing Address:**

FEI Number: 20-8246954

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: MGRM ( ) Delete  
Name: CONTRERAS, CLAUDIA  
Address: 13124 TRINITY DRIVE  
City-St-Zip: STAFFORD, TX 77477

Title: MGRM ( ) Delete  
Name: MARTINEZ, ISABEL  
Address: APARTADO 1 MACAEL ALMERIA 04867  
City-St-Zip: SPAIN,

Title: MGRM ( ) Delete  
Name: MARTINEZ-COSENTINO, PILAR  
Address: APARTADO 1 MACAEL ALMERIA 04867  
City-St-Zip: SPAIN,

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CONTRERAS, CLAUDIA  
Address: 13124 TRINITY DRIVE  
City-St-Zip: STAFFORD, TX 77477 US

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ, ISABEL  
Address: APARTADO 1  
City-St-Zip: MACAEL, ALMERIA, SPAIN, AL 04867 ES

Title: MGRM (X) Change ( ) Addition  
Name: MARTINEZ-COSENTINO, PILAR  
Address: APARTADO 1  
City-St-Zip: MACAEL ,ALMERIA, SPAIN, AL 04867 ES

Title: MGRM ( ) Change (X) Addition  
Name: CONTRERAS, PAOLA  
Address: 13124 TRINITY DRIVE  
City-St-Zip: STAFFORD, TX 77477 US

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: TIMOTHY WALSH

SECR

01/21/2009

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