

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081304

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** 37545 WASHINGTON AVE., LLC

**Current Principal Place of Business:**

126 HIGHLAND DR.  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

126 HIGHLAND DR.  
LEESBURG, FL 34788

**New Mailing Address:**

**FEI Number:** 56-2673566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPENCER, STEVEN A  
1900 E ROBINSON ST.  
ORLANDO, FL 32803 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: SCHAMHORST, JOHN W JR  
Address: 126 HIGHLAND DR.  
City-St-Zip: LEESBURG, FL 34788

Title: MGRM ( ) Delete  
Name: SCHAMHORST, TRUDY  
Address: 126 HIGHLAND DR.  
City-St-Zip: LEESBURG, FL 34788

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHARNHORST, JOHN W JR  
Address: 126 HIGHLAND DR.  
City-St-Zip: LEESBURG, FL 34788

Title: MGRM (X) Change ( ) Addition  
Name: SCHARNHORST, TRUDY  
Address: 126 HIGHLAND DR.  
City-St-Zip: LEESBURG, FL 34788

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: JOHN W. SCHARNHORST, JR.

MGR

04/15/2009

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