

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002282

Entity Name: WACHENDORFER LLC

FILED
Mar 01, 2009
Secretary of State

Current Principal Place of Business:

1440 CHASE OAKS DR
KELLER, TX 76248

New Principal Place of Business:

5705 SNOW HILL DRIVE
SUMMERFIELD, NC 27358

Current Mailing Address:

1440 CHASE OAKS DR
KELLER, TX 76248

New Mailing Address:

5705 SNOW HILL DRIVE
SUMMERFIELD, NC 27358

FEI Number: 32-0228734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, EDITH
8315 WEYBRIDGE DRIVE
JACKSONVILLE, FL 32244 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: PRES () Delete
Name: WACHENDORFER, TIMOTHY P
Address: 1440 CHASE OAKS DRIVE
City-St-Zip: KELLER, TX 76248

Title: VP () Delete
Name: WACHENDORFER, ELENA M
Address: 1440 CHASE OAKS DRIVE
City-St-Zip: KELLER, TX 76248

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WACHENDORFER, TIMOTHY P
Address: 5705 SNOW HILL DRIVE
City-St-Zip: SUMMERFIELD, NC 27358

Title: VP (X) Change () Addition
Name: WACHENDORFER, ELENA M
Address: 5705 SNOW HILL DRIVE
City-St-Zip: SUMMERFIELD, NC 27358

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 P. WACHENDORFER

PRES

03/01/2009

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