

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022416

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: A GENERAL LOCK SMITHS LLC

## Current Principal Place of Business:

3649 EAGLE RIDGE DRIVE  
JACKSONVILLE, FL 32224

## New Principal Place of Business:

1816 ST JOHNS BLUFF RD S  
201  
JACKSONVILLE, FL 32246

## Current Mailing Address:

3649 EAGLE RIDGE DRIVE  
JACKSONVILLE, FL 32224

## New Mailing Address:

1816 ST JOHNS BLUFF RD S  
201  
JACKSONVILLE, FL 32246

FEI Number: 30-0483328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMOYAL, SHARON  
3649 EAGLE RIDGE DRIVE  
JACKSONVILLE, FL 32224 US

## Name and Address of New Registered Agent:

AMOYAL, SHARON  
1816 ST JOHNS BLUFF RD S  
201  
JACKSONVILLE, FL 32246 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:

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: AMOYAL, SHARON  
Address: 3649 EAGLE RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR ( ) Delete  
Name: AMOYAL, ETI  
Address: 3649 EAGLE RIDGE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: AMOYAL, SHARON  
Address: 1816 ST JOHNS BLUFF RD S #201  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR (X) Change ( ) Addition  
Name: AMOYAL, ETI  
Address: 1816 ST JOHNS BLUFF RD S  
City-St-Zip: JACKSONVILLE, FL 32246

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: SHARON

OWN

04/29/2009

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