

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075219

Entity Name: SIMON-LYONS, LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

1230 NW 7 STREET
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1230 NW 7 STREET
MIAMI, FL 33125

New Mailing Address:

FEI Number: 41-2182425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYONS, MICHAEL D
1230 NW 7 STREET
MIAMI, FL 33125 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: SIMON, HERBERT L
Address: 2721 SW 27TH AVE.
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: SIMON, JEANNETTE
Address: 2721 SW 27TH AVE.
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: LYONS, RICHARD W
Address: 1230 NW 7 STREET
City-St-Zip: MIAMI, FL 33125

Title: MGRM () Delete
Name: LYONS, PATRICIA L
Address: 1230 NW 7 STREET
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICIA L LYONS

MGRM

01/20/2009

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