

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000199

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: SELLMYTIMESHARENOW, LLC

**Current Principal Place of Business:**

283 CENTRAL AVENUE, SUITE 260  
DOVER, NH 03820 US

**New Principal Place of Business:**

283 CENTRAL AVENUE,  
SUITE 260  
DOVER, NH 03820 US

**Current Mailing Address:**

283 CENTRAL AVENUE  
260  
DOVER, NH 03820

**New Mailing Address:**

FEI Number: 37-1471683      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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: CEO ( ) Delete  
Name: TRENBLAY, JASON  
Address: 3 MAGARET LANE  
City-St-Zip: LEE, NH 03824

Title: P ( ) Delete  
Name: ELDRIDGE, MARK  
Address: 383 CENTRAL AVE, STE. 260  
City-St-Zip: DOVER, NH 03820

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: TREMBLAY, JASON  
Address: 3 MAGARET LANE  
City-St-Zip: LEE, NH 03861

Title: PRES (X) Change ( ) Addition  
Name: GOSS, WM. LEE  
Address: 383 CENTRAL AVE, STE. 260  
City-St-Zip: DOVER, NH 03820

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: JASON TREMBLAY

CEO

04/16/2009

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