

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000644

FILED
Apr 08, 2009
Secretary of State

Entity Name: GARY RICHARDS ASSOCIATES, LLC

Current Principal Place of Business:

104 AMALFIE RD.
NOKOMIS, FL 34275

New Principal Place of Business:

2015 S. TUTTLE ST
SARASOTA, FL 34239

Current Mailing Address:

997 TAMIAMI TRAIL NORTH
UNIT C111
NOKOMIS, FL 34275

New Mailing Address:

PO BOX 1418
SARASOTA, FL 34230

FEI Number: 65-0989059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARDS, GARY
997 TAMIAMI TRAIL NORTH
UNIT C111
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

RICHARDS, GARY
2015 S. TUTTLE ST
SARASOTA, FL 34239 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:

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: RICHARDS, GARY
Address: 997 TAMIAMI TRAIL NORTH, UNIT C111
City-St-Zip: NOKOMIS, FL 34275

Title: VP () Delete
Name: RICHARDS, SUNG
Address: 997 TAMIAMI TRAIL NORTH, UNIT C111
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: RICHARDS, GARY
Address: PO BOX 1418
City-St-Zip: SARASOTA, FL 34230

Title: VP (X) Change () Addition
Name: RICHARDS, SUNG
Address: PO BOX 1418
City-St-Zip: SARASOTA, FL 34230

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: GARY RICHARDS

PRES

04/08/2009

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