

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006064

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE ENDANGERBLES, LC

Current Principal Place of Business:

1944 TOURNAMENT DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608
PLYMOUTH, FL 32768

New Mailing Address:

FEI Number: 59-3648782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DODD, WILLIAM
9360 SW 32ND CT.
OCALA, FL 34476 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: DODD, WILLIAM F
Address: 9360 SW 32ND CT.
City-St-Zip: OCALA, FL 34476

Title: MGRM () Delete
Name: BRANT, ROBIN
Address: 1944 TOURNAMENT DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: PICCINNI, MARTEN W
Address: 1944 TOURNAMENT DR
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: BENNER, MICHAEL
Address: 1944 TOURNAMENT DR
City-St-Zip: APOPKA, FL 32712

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: WILLIAM F. DODD

MR.

04/10/2009

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