

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009103

FILED
Feb 08, 2009
Secretary of State

Entity Name: SAUNDERS & KOLPIN, P.L.

Current Principal Place of Business:

412 WHITE ST
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

412 WHITE ST
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-1022499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUNDERS, SCOTT A CPA
412 WHITE ST
KEY WEST, FL 33040 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: KOLPINRS, KRIS CPA
Address: 412 WHITE ST
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAUNDERS, SCOTT CPA
Address: 412 WHITE ST
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Change (X) Addition
Name: KOLPIN, KRIS CPA
Address: 412 WHITE STREET
City-St-Zip: KEY WEST, FL 33040

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: SCOTT SAUNDERS

MGRM

02/08/2009

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