

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010705

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: THOMASTON ASSOCIATES, LLC

## Current Principal Place of Business:

1111 PARK CENTRE BLVD #360  
MIAMI, FL 33169

## New Principal Place of Business:

1111 PARK CENTRE BLVD # 360  
MIAMI, FL 33169

## Current Mailing Address:

1111 PARK CENTRE BLVD #360  
MIAMI, FL 33169

## New Mailing Address:

1111 PARK CENTRE BLVD # 360  
MIAMI, FL 33169

FEI Number: 65-1040114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LLERA, KAREN H  
1111 PARK CENTRE BLVD #360  
MIAMI, FL 33169 US

## Name and Address of New Registered Agent:

LLERA, KAREN H  
1111 PARK CENTRE BLVD # 360  
MIAMI, FL 33169 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:

03/21/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SIMKINS, LEON J  
Address: 1101 PARK CENTRE BLVD #360  
City-St-Zip: MIAMI, FL 33169

Title: MGR (X) Delete  
Name: LLERA, KAREN  
Address: 1111 PARK CENTRE BLVD #360  
City-St-Zip: MIAMI, FL 33169

## ADDITIONS/CHANGES:

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: LEON J. SIMKINS

MGRM

03/21/2009

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