

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013737

Entity Name: PHIRST, L.L.C.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

2352 HARN BLVD.
CLEARWATER, FL 33746

New Principal Place of Business:

2352 HARN BLVD
CLEARWATER, FL 33746

Current Mailing Address:

PO BOX 4087
CLEARWATER, FL 337584087

New Mailing Address:

PO BOX 4087
CLEARWATER, FL 33758

FEI Number: 59-3693138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, ESTELLA
2352 HARN BLVD.
CLEARWATER, FL 33746 US

Name and Address of New Registered Agent:

BURNS, ESTELLA
2352 HARN BLVD
CLEARWATER, FL 33746 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: ESTELLA BURNS

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEM () Delete
Name: BURNS, ESTELLA
Address: PO BOX 4087, 2352 HARN BLVD.
City-St-Zip: CLEARWATER, FL 337584087

Title: MGRM () Delete
Name: BURNS, DOUG
Address: P.O. BOX 4087
City-St-Zip: CLEARWATER, FL 33758

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURNS, ESTELLA
Address: PO BOX 4087, 2352 HARN BLVD.
City-St-Zip: CLEARWATER, FL 33758

Title: MGRM (X) Change () Addition
Name: BURNS, DOUG
Address: PO BOX 4087
City-St-Zip: CLEARWATER, FL 33758

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: DOUG BURNS

MGRM

02/05/2009

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