

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015466

Entity Name: INFINITY GROUP, LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

2637 E. ATLANTIC BLVD. STE. 128  
POMPAÑO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

2637 E. ATLANTIC BLVD. STE. 128  
POMPAÑO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 36-4491646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCCLELLAN, TIMOTHY M  
140 NE 28TH AVENUE #406  
POMPAÑO BEACH, FL 33062      US

**Name and Address of New Registered Agent:**

LYONS, MARIE M  
140 NE 28TH AVENUE #406  
POMPAÑO BEACH, FL 33062      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: TIMOTHY M MCCLELLAN

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MCCLELLAN, TIMOTHY M  
Address: 140 NE 28TH AVE. #406  
City-St-Zip: POMPAÑO BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: LYONS, MARIE M  
Address: 140 NE 28TH AVE. #406  
City-St-Zip: POMPAÑO BEACH, FL 33062

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: MARIE LYONS

RA

05/01/2009

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