

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002614

Entity Name: DIGITAL GUYS, LLC

FILED  
Jan 27, 2009  
Secretary of State

**Current Principal Place of Business:**

1128 - 42ND AVENUE NE  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 55537  
ST. PETERSBURG, FL 33732

**New Mailing Address:**

FEI Number: 59-3705445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRANT, STEVEN H  
1128 - 42ND AVENUE NE  
ST. PETERSBURG, FL 33703 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: MGR ( ) Delete  
Name: GRANT, STEVEN H  
Address: 1128 - 42ND AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGR ( ) Delete  
Name: MATZ, GEORGE  
Address: 7343 SAWGRASS POINT DRIVE  
City-St-Zip: PINELLAS PARK, FL 33782

Title: MGR ( ) Delete  
Name: CHASTELET, GERRY  
Address: 713 CULLENMORE HILL DR.  
City-St-Zip: WELDON SPRING, MO 63304

**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:

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: STEVEN H. GRANT

MGR

01/27/2009

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