

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003250

Entity Name: MAIN ST. 1, LLC

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

509 S MAIN STREET, STE A  
LAS CRUCES, NM 88001

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 550  
LASCRUCES, NM 88001

**New Mailing Address:**

PO BOX 550  
LASCRUCES, NM 88004

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LAVIN, CHARLES M JR  
2728 TIBURON BLVD. UNIT A403  
NAPLES, FL 34109 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: LAVIN, MICHAEL  
Address: 509 SOUTH MAIN STREET, SUITE A  
City-St-Zip: LAS CRUCES, NM 88001

**ADDITIONS/CHANGES:**

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: MICHAEL LAVIN

MGR

02/04/2009

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