

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008617

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** MUNO, SUMMERS & ASSOCIATES, LLC

**Current Principal Place of Business:**

12802 EAGLES ENTRY DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 882  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 65-1115757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUMMERS, JEFF  
5300 W CYPRESS ST  
STE 247  
TAMPA, FL 33607 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: MGRM ( ) Delete  
Name: SUMMERS, JEFFREY A  
Address: 12802 EAGLES ENTRY DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: MGRM ( ) Delete  
Name: DEBORAH MUNO SUMMERS,  
Address: 12802 EAGLES ENTRY DRIVE  
City-St-Zip: ODESSA, FL 33556

**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:** DEBORAH MUNO SUMMERS

MGRM

03/23/2009

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