

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014174

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** CHECKMATE ATTORNEY SUPPORT RESOURCES, LLC

**Current Principal Place of Business:**

8701 BLIND PASS RD  
SUITE 307B  
ST. PETERSBURG, FL 33706

**New Principal Place of Business:**

5257 26TH AVE, N  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

8701 BLIND PASS RD  
SUITE 307B  
SAINT PETERSBURG, FL 33706

**New Mailing Address:**

5257 26TH AVE, N  
ST. PETERSBURG, FL 33710

**FEI Number:** 59-3746021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISHER, SCOTT A  
501 EAST KENNEDY BLVD.  
SUITE 1700  
TAMPA, FL 33602 US

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

MORGAN, BARRY L  
5257 26TH AVE. N  
ST PETERSBURG, FL 33710 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: BARRY L. MORGAN

02/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORGAN, BARRY L  
Address: 8701 BLIND PASS ROAD 307-B  
City-St-Zip: SAINT PETERSBURG, FL 33706

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORGAN, BARRY L  
Address: 5257 26TH AVE. N  
City-St-Zip: SAINT PETERSBURG, FL 33710

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: BARRY L. MORGAN

MGRM

02/05/2009

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