

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022623

Entity Name: AGS PROPERTIES, LLC

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

8906 WINGED FOOT DR.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

8906 WINGED FOOT DR.  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 01-0619581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SELLERS, ANGELIKI  
8906 WINGED FOOT DR.  
TALLAHASSEE, FL 32312 US

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

SELLERS, ANGELIKI G  
8906 WINGED FOOT DR.  
TALLAHASSEE, FL 32312 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: ANGELIKI G SELLERS

01/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SELLERS, ANGELIKI  
Address: 8906 WINGED FOOT DR.  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SELLERS, ANGELIKI G  
Address: 8906 WINGED FOOT DR.  
City-St-Zip: TALLAHASSEE, FL 32312

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: ANGELIKI G SELLERS

MGRM

01/06/2009

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