

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028670

Entity Name: SNOWBOUND, LLC

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

1115 EAST LIVINGSTON STREET
ORLANDO, FL 32803

New Principal Place of Business:

2180 PARK AVENUE N.
SUITE 322
WINTER PARK, FL 32789

Current Mailing Address:

1115 EAST LIVINGSTON STREET
ORLANDO, FL 32803

New Mailing Address:

2180 PARK AVENUE N.
SUITE 322
WINTER PARK, FL 32789

FEI Number: 13-4221701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASON, ROBERT F PA
501 EAST FIFTH AVENUE
MOUNT DORA, FL 32756 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: P () Delete
Name: LEARY, WILLIAM N
Address: 2180 PRK AVE N STE 322
City-St-Zip: WINTER PARK, FL 32789

Title: ST () Delete
Name: LEARY, TAMRA
Address: 2180 PRK AVE N STE 322
City-St-Zip: WINTER PARK, FL 32789

Title: VP () Delete
Name: BRANNER, CAROLYN
Address: 2180 PRK AVE N STE 322
City-St-Zip: WINTER PARK, FL 32789

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: WILLIAM N. LEARY

MGR

03/03/2009

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