2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L02000030697

Entity Name: ANTHONY AND SANDRA MORENO - TENANTS BY THE ENTIRETY, L.L.C.

Current Principal Place of Business:

4929 LYFORD CAY RD
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4929 LYFORD CAY RD
TAMPA, FL 33629

New Mailing Address:

FEI Number: 48-1285625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLLINKA, DAVID J ESQ
2312 US HIGHWAY 19
HOLIDAY, FL 34691 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: MORENO, ANTHONY
Address: 4929 LYFORD CAY ROAD
City-St-Zip: TAMPA, FL 33629

Title: MGR ( ) Delete
Name: MORENO, SANDRA
Address: 4929 LYFORD CAY RD
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TSIM
Address: 4929 LYFORD CAY ROAD
City-St-Zip: TAMPA, FL 33629

Title: MGR (X) Change ( ) Addition
Name: MORENO, SANDRA
Address: 4929 LYFORD CAY ROAD
City-St-Zip: TAMPA, FL 33629

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: SANDRA MORENO M 04/08/2009

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