

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010065

Entity Name: ACTION PLAZA LLC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

530 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380516
MURDOCK, FL 339380516

New Mailing Address:

FEI Number: 20-0207002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, MARK T
2770 S. SALFORD BLVD.
NORTH PORT, FL 34287 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: MCPHERSON, CHRISTOPHER I
Address: 4007 BILLINGHAM LANE
City-St-Zip: NORTH PORT, FL 34286

Title: MGRM () Delete
Name: NOLAN, MARK T
Address: 2770 S. SALFORD BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: MGRM () Delete
Name: YURKOVICH, JOHN K
Address: 343 CORRIENTES CIRCLE
City-St-Zip: PUNTA GORDA, FL 33983

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCPHERSON, CHRISTOPHER I
Address: 7815 SUGAR BEND DRIVE
City-St-Zip: ORLANDO, FL 32819

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: MARK T. NOLAN

MGRM

03/18/2009

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