

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024388

Entity Name: TEEK INVESTMENTS, LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

3418 DECK STREET
PORT CHARLOTTE, FL 33981

New Principal Place of Business:

3426 DECK STREET
PORT CHARLOTTE, FL 33981

Current Mailing Address:

3418 DECK STREET
PORT CHARLOTTE, FL 33981

New Mailing Address:

3426 DECK STREET
PORT CHARLOTTE, FL 33981

FEI Number: 57-1181408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPAIVA, ELIZABETH
3418 DECK STREET
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

DEPAIVA, ELIZABETH
3426 DECK STREET
PORT CHARLOTTE, FL 33981 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: ELIZABETH DE PAIVA

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEPAIVA, EDWARD
Address: 3418 DECK STREET
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGR () Delete
Name: FERRO, THOMAS J
Address: 3378 DECK STREET
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEPAIVA, EDWARD
Address: 3426 DECK STREET
City-St-Zip: PORT CHARLOTTE, FL 33981

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: EDWARD DE PAIVA

MGR

01/07/2009

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