

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033126

FILED  
Jul 28, 2009  
Secretary of State

Entity Name: 2/\$1.00 OF SPRING HILL, LLC

**Current Principal Place of Business:**

1440 PINEHURST DRIVE  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

1440 PINEHURST DRIVE  
SPRING HILL, FL 34609

**New Mailing Address:**

FEI Number: 20-0202356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MACDONALD, GAIL  
2334 LANDOVER BLVD  
SPRING HILL, FL 34608      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MACDONALD, GAIL  
Address: 2334 LANDOVER BLVD  
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM      ( ) Delete  
Name: MACDONALD, WILLIAM  
Address: 2334 LANDOVER BLVD  
City-St-Zip: SPRING HILL, FL 34608

**ADDITIONS/CHANGES:**

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: GAIL MACDONALD

MGR

07/28/2009

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