

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007388

FILED
Mar 02, 2009
Secretary of State

Entity Name: 1223 MOLONA HOLDINGS LLC

Current Principal Place of Business:

1530 EUSTON DR
REUNION, FL 34747

New Principal Place of Business:

Current Mailing Address:

85 HARRISON AVE.
NEW CANAAN, CT 06840

New Mailing Address:

FEI Number: 52-2438685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, NOREENE
1530 EUSTON DRIVE
REUNION, FL 34747 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: LYNCH, SUSAN
Address: 85 HARRISON AVE
City-St-Zip: NEW CANAAN, CT 06840

Title: MGRM () Delete
Name: LYNCH, CHARLES
Address: 85 HARRISON AVE
City-St-Zip: NEW CANAAN, CT 06840

Title: MGRM () Delete
Name: CARLSON, NOREENE
Address: 85 HARRISON AVE
City-St-Zip: NEW CANAAN, CT 06840

Title: MGRM () Delete
Name: CARLSON, HOWARD
Address: 85 HARRISON AVE.
City-St-Zip: NEW CANAAN, CT 06840

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:

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: NOREENE CARLSON

MGRM

03/02/2009

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