

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008944

Entity Name: TODD DAY LLC

FILED  
Feb 27, 2009  
Secretary of State

**Current Principal Place of Business:**

7414 SKINNER RD  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

7142 COLLINS ROAD  
PANAMA CITY, FL 32404

**Current Mailing Address:**

7414 SKINNER RD  
PANAMA CITY, FL 32404

**New Mailing Address:**

7142 COLLINS ROAD  
PANAMA CITY, FL 32404

FEI Number: 84-1642031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAY, TODD  
7414 SKINNER RD  
PANAMA CITY, FL 32404 US

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

DAY, TODD  
7142 COLLINS ROAD  
PANAMA CITY, FL 32404 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: DEBRA PERKINS

02/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAY, TODD  
Address: 7414 SKINNER RD  
City-St-Zip: SOUTHPORT, FL 32404

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAY, TODD  
Address: 7142 COLLINS ROAD  
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM ( ) Change (X) Addition  
Name: DAY, CODY  
Address: 7142 COLLINS ROAD  
City-St-Zip: PANAMA CITY, FL 32404

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: TODD DAY

MGRM

02/27/2009

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