2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L04000033629

Entity Name: A LITTLE PERSISTENCE, LLC

Current Principal Place of Business:

530 PAUL MORRIS DRIVE
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

PO BOX 2248
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 20-1101746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KORZILIUS, ERIK V
2100 TAMIAMI TRAIL S
SUITE C
VENICE, FL 34293 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: GOOGINS, CINDY L
Address: 340 CAPSTAN DRIVE
City-St-Zip: CAPE HAZE, FL 33946

Title: MGRM ( ) Delete
Name: ARP, DAVID S
Address: 305 STRATFORD ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM ( ) Delete
Name: ARP, DAVID L
Address: 6039 MANASOTA KEY ROAD
City-St-Zip: ENGLEWOOD, FL 34223

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:

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: CINDY GOOGINS MGRM 04/16/2009

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