

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050518

FILED
Jun 24, 2009
Secretary of State

Entity Name: METZGER MCWHIRTER LLC

Current Principal Place of Business:

282 PINE ST
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

282 PINE ST
ATLANTIC BEACH, FL 32233 US

New Mailing Address:

FEI Number: 20-1332644 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:

METZGER, MARIA C
282 PINE ST
ATLANTIC BEACH, FL 32233 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: METZGER, MARIA C
Address: 282 PINE ST
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGRM () Delete
Name: MCWHIRTER, GAIL
Address: 1726 6TH AVE N
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: METZGER, BRIAN T
Address: 282 PINE ST
City-St-Zip: ATLANTIC BEACH, FL 32233 US

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: BRIAN T. METZGER

MGRM

06/24/2009

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