

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050723

FILED
Jan 26, 2009
Secretary of State

Entity Name: SCHANTZ FLORIDA, LLC

Current Principal Place of Business:

233 PABLO ROAD
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

233 PABLO ROAD
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-1411987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOODWORTH, SUSAN S ESQ
170 MALAGA STREET
ST. AUGUSTINE, FL 32084 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: SCHANTZ, FREDERICK W
Address: 233 PABLO ROAD
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: MGRM () Delete
Name: SCHANTZ, FREDERICK W
Address: 233 PABLO ROAD
City-St-Zip: PONTE VEDRA, FL 32082

Title: MGRM () Delete
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Address: 233 PABLO ROAD
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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: FREDERICK W SCHANTZ

MGR

01/26/2009

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