

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059150

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: WELSH INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

8408 CLARKS BRANCH DR  
RALEIGH, N 27613 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 91024  
RALEIGH, NC 27675 US

**New Mailing Address:**

FEI Number: 51-0524415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WELSH, DAVID  
337 SOUTHAMPTON DR  
INDIALANTIC, FL 32903 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: WELSH MURRAY, NANCY  
Address: 8408 CLARKS BRANCH DRIVE  
City-St-Zip: RALEIGH, NC 27613

Title: MGRM ( ) Delete  
Name: WELSH, STEVEN M  
Address: 5217 ATHERTON BRIDGE ROAD  
City-St-Zip: RALEIGH, NC 21163

Title: MGRM ( ) Delete  
Name: WELSH, DAVID A  
Address: 337 SOUTHAMPTON DRIVE  
City-St-Zip: INDIALANTIC, FL 32903

**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: DAVID WELSH

MGRM

08/31/2009

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