

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 10, 2009  
Secretary of State**

DOCUMENT# L04000059514

Entity Name: MEAZZELLE M. POST, LLC

**Current Principal Place of Business:**

1107 CRAIG COURT  
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

1107 CRAIG COURT  
ST. CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 06-1733592      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

POST, MEAZZELLE M  
1107 CRAIG COURT  
ST. CLOUD, FL 34772      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: POST, MEAZZELLE M  
Address: 1107 CRAIG COURT  
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: POST, MEAZZELLE M  
Address: 1107 CRAIG CT  
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: POST, MEAZZELLE M  
Address: 1107 CRAIG CT  
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: POST, MEAZZELLE M  
Address: 1107 CRAIG CT  
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: POST, MEAZZELLE M  
Address: 1107 CRAIG CT  
City-St-Zip: ST CLOUD, FL 34772

Title: MGRM ( ) Delete  
Name: POST, MEAZZELLE M  
Address: 1107 CRAIG CT  
City-St-Zip: ST CLOUD, FL 34772

**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:

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: MEAZZELLE M POST

MGMR

04/10/2009

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