

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060352

FILED  
Apr 11, 2009  
Secretary of State

Entity Name: THE SQUARE GROUP, LLC

**Current Principal Place of Business:**

1947 HIGHWAY 98 WEST  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 127  
KINGSTON SPRINGS, TN 37082

**New Mailing Address:**

FEI Number: 20-1494023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARXSEN, PAUL  
108 SE AVE B  
CARRABELLE, FL 32322 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: DANIEL, JOHN PAUL  
Address: 530 MT. PLEASANT ROAD  
City-St-Zip: KINGSTON SPRINGS, TN 37082

Title: MGRM ( ) Delete  
Name: MCFARLAND, JANICE  
Address: 280 MULBERRY CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM ( ) Delete  
Name: SOLBURG, ALAINE  
Address: 7595 SMITH CREEK HWY  
City-St-Zip: SOPCHOPPY, FL 32358 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: JOHN PAUL DANIEL

MGRM

04/11/2009

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