

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060788

Entity Name: DOUBLESTITCH, LLC

FILED  
Feb 22, 2009  
Secretary of State

**Current Principal Place of Business:**

3439 LAUREL LEAF DRIVE  
ORANGE PARK, FL 32065 CL

**New Principal Place of Business:**

**Current Mailing Address:**

3439 LAUREL LEAF DR  
ORANGE PARK, FL 32065

**New Mailing Address:**

3439 LAUREL LEAF DRIVE  
ORANGE PARK, FL 32065 CL

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

TOLSON, JOHN F JR  
462 KINGSLEY AVENUE, SUITE 101  
ORANGE PARK, FL 32073 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: PRES ( ) Delete  
Name: THACKER, DAWN  
Address: 3439 LAUREL LEAF DRIVE  
City-St-Zip: ORANGE PARK, FL 32065 CL

Title: VP ( ) Delete  
Name: THACKER, MARK  
Address: 3439 LAUREL LEAF DRIVE  
City-St-Zip: MIDDLEBURG, FL 32065 CL

**ADDITIONS/CHANGES:**

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: DAWN M. THACKER

PRES

02/22/2009

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