

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064488

FILED
Apr 27, 2009
Secretary of State

Entity Name: NESTING LOON CABINS, L.L.C.

Current Principal Place of Business:

115 15TH AVENUE N.E.
ST PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

115 15TH AVENUE N.E.
ST PETERSBURG, FL 33704

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONROSE, NINA G A
5200 CENTRAL AVENUE
ST PETERSBURG, FL 33707 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: MGR () Delete
Name: SMITH, J. HERSCHEL
Address: 115 15TH AVENUE N.E.
City-St-Zip: ST PETERSBURG, FL 33704

Title: MGRM () Delete
Name: SMITH, SYLVIA N
Address: 115 15TH AVENUE N.E.
City-St-Zip: ST PETERSBURG, FL 33704

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: SYLVIA N SMITH

MGRM

04/27/2009

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