2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# L04000067885

Entity Name: INNER ARMOUR, LLC

Current Principal Place of Business:

5607 DEANVILLE CT
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380601
EAST HARTFORD, CT 061380601 US

New Mailing Address:

FEI Number: 76-0766972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORIN, MARGUERITA L
5607 DEANVILLE CT
CAPE CORAL, FL 33904 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:	P	( ) Delete
Name:	MORIN, JOHN	
Address:	7 COVE LANDING	
City-St-Zip:	OLD SAYBROOK, CT 06475 US	
Title:	V	( ) Delete
Name:	ALDEN, RID	
Address:	7 COVE LANDING	
City-St-Zip:	OLD SAYBROOK, CT 06475 US	
Title:	TS	( ) Delete
Name:	MORIN, MARGUERITE	
Address:	5607 DEAUVILLE CT	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	AS	( ) Delete
Name:	LAGACE, DIANE	
Address:	7 COVE LANDING	
City-St-Zip:	OLD SAYBROOK, CT 06475	

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:	

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: DIANE LAGACE AS 02/08/2009

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