

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069942

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: MAINSTAY HOLDINGS, LLC

**Current Principal Place of Business:**

904 GRAND RESERVE BLVD  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

904 GRAND RESERVE BLVD  
PORT ST. LUCIE, FL 34986 US

**New Mailing Address:**

FEI Number: 20-1842962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TALERICO, STEVEN  
904 GRAND RESERVE BLVD.  
PORT ST. LUCIE, FL 34986 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: TALERICO, STEVEN PRES  
Address: 904 GRAND RESERVE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: S ( ) Delete  
Name: TALERICO, CINDY L SCTY  
Address: 904 GRAND RESERVE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TALERICO, STEVEN PRES  
Address: 904 GRAND RESERVE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGRM (X) Change ( ) Addition  
Name: TALERICO, CINDY L SCTY  
Address: 904 GRAND RESERVE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: STEVEN TALERICO

MGRM

03/20/2009

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