

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079948

Entity Name: THISTLE SUPPLY, LLC

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

4446 HENDRICKS AVE., #153
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4446 HENDRICKS AVE., #153
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-1865043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: FUSTES, CARSON A
Address: 4446 HENDRICKS AVE. #153
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES:

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: CARSON FUSTES

MGR

02/27/2009

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