

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082081

Entity Name: INSTANT, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

1198 MAYPORT ROAD STE 11
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

1198 MAYPORT ROAD STE 1
ATLANTIC BEACH, FL 32233

Current Mailing Address:

1198 MAYPORT ROAD STE 11
ATLANTIC BEACH, FL 32233

New Mailing Address:

1198 MAYPORT ROAD STE 1
ATLANTIC BEACH, FL 32233

FEI Number: 20-1920207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDDY, EDITH D
408 MCCOLLUM CIRCLE
NEPTUNE BEACH, FL 32266 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: PD () Delete
Name: EDDY, EDITH D
Address: 408 MCCULLAM CIR
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: STD () Delete
Name: EDDY, CRAIG F
Address: 408 MCCULLUM CIR
City-St-Zip: NEPTUNE BEACH, FL 32266

Title: STD () Delete
Name: EDDY, CRAIG F JR
Address: 1197 WILLESDON DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32246

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:

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: EDITH D EDDY

PD

03/20/2009

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