

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086039

FILED
Apr 27, 2009
Secretary of State

Entity Name: THAI-BY-THAI ENTERPRISES, LLC

Current Principal Place of Business:

124 PALM COAST PARKWAY, NE
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

124 PALM COAST PARKWAY, NE
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 20-2176164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

BANCHANURAT, SUPATTRA
124 PALM COAST PARKWAY, NE
PALM COAST, FL 32137 US

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: SUPATTRA BANCHANURAT

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BANCHANURAT, SOMPONG
Address: 124 PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: BANCHANURAT, SOMPONG
Address: 124 PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: V () Delete
Name: BANCHANURAT, SUPATTRA
Address: 124 PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: BANCHANURAT, SUPATTRA
Address: 124 PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: BANCHANURAT, SUPATTRA
Address: 124 PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: BANCHANURAT, SUPATTRA
Address: 124 PALM COAST PARKWAY NE
City-St-Zip: PALM COAST, FL 32137

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:

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: SOMPONG BANCHANURAT

P

04/27/2009

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