

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000089810

Entity Name: TAL ASSOCIATES, LLC

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

111-A EXECUTIVE CIRCLE  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

111-A EXECUTIVE CIRCLE  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

FEI Number: 20-2030876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOMBARDO, ANTHONY S  
111-A EXECUTIVE CIRCLE  
DAYTONA BEACH, FL 32114 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: ANTHONY S LOMBARDO,  
Address: 111 A EXECUTIVE CIR  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOMBARDO, ANTHONY S  
Address: 111 A EXECUTIVE CIR  
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGRM ( ) Change (X) Addition  
Name: WARD, BONNIE  
Address: 111-A EXECUTIVE CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114 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: ANTHONY S LOMBARDO

MGRM

02/10/2009

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