2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L05000000484

Entity Name: TAYAND INVESTMENT GROUP, LLC

Current Principal Place of Business:

2605 W-ATLANTIC AVE.,
BLDG. B, STE # 101-103B
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2605 W-ATLANTIC AVE.,
BLDG. B, STE # 101-103B
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 34-2031236 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, DONOVAN B
2605 W-ATLANTIC AVE., #101-103B
DELRAY BEACH, FL 33445 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: MM ( ) Delete
Name: ANDERSON, DONOVAN
Address: 11890 WINDMILL LAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: T ( ) Delete
Name: ANDERSON, ASHLEY M
Address: 18542 SW 55ST
City-St-Zip: MIRAMAR, FL 33029

Title: MM ( ) Delete
Name: ANDERSON, BEVERLY Y
Address: 11890 WINDMILL LAKE DRIVE
City-St-Zip: BOYNTON BEACH,, FL 33473

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: D.ANDERSON MM 03/03/2009

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