

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005468

FILED
Apr 28, 2009
Secretary of State

Entity Name: 1520 10 AVE NORTH SUITE A LLC

Current Principal Place of Business:

1520 10 AVE NORTH
SUITE A
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1520 10 AVE NORTH
SUITE A
LAKE WORTH, FL 33460

New Mailing Address:

1602 10 AVE NORTH
LAKE WORTH, FL 33460

FEI Number: 20-2213013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT, MCLAUGHLIN
1520 10TH AVENUE NORTH
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

ROBERT, MCLAUGHLIN
1602 10TH AVENUE NORTH
LAKE WORTH, FL 33460 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: ROBERT MCLAUGHLIN

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCLAUGHLIN, ROBERT
Address: 1520 10 AVE SUITE A
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM () Delete
Name: NITTI, JOSEPH
Address: 1520 10 AVE SUITE A
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCLAUGHLIN, ROBERT
Address: 1602 10 AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM (X) Change () Addition
Name: NITTI, JOSEPH
Address: 1602 10 AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33460

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: ROBERT MCLAUGHLIN

MGR

04/28/2009

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