

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT# L05000008249

Entity Name: NORMAN WILLARD GUESS LLC

Current Principal Place of Business:

511 E. KEYSVILLE ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

511 E. KEYSVILLE ROAD
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 20-2220893 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GUESS, NORMAN W
511 E. KEYSVILLE ROAD
PLANT CITY, FL 33567 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUESS, NORMAN W
Address: 511 E. KEYSVILLE ROAD
City-St-Zip: PLANT CITY, FL 33567 US

ADDITIONS/CHANGES:

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: NORMAN W GUESS

MGRM

08/10/2009

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