

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011988

FILED
Apr 14, 2009
Secretary of State

Entity Name: TOM O HANSEN SALES ASSOCIATES LLC

Current Principal Place of Business:

7065 WESTPOINTE BLVD
SUITE 303
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

7065 WESTPOINTE BLVD
SUITE 303
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 20-2277593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREML, MICHAEL L
7065 WESTPOINT BLVD, STE 303
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

TREML, MICHAEL L
7065 WESTPOINT BLVD
SUITE 303
ORLANDO, FL 32835 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: MICHAEL L TREML

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANSEN, TOM O
Address: 7065 WESTPOINTE BLVD SUITE 303
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM () Delete
Name: HANSEN, KATHLEEN L
Address: 7065 WESTPOINTE BLVD SUITE 303
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES:

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: TOM O HANSEN

MGRM

04/14/2009

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