

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036629

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

**Entity Name:** 1254, LLC

**Current Principal Place of Business:**

1254 S PINELLAS AVE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

1254 S PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

**Current Mailing Address:**

1254 S PINELLAS AVE  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

1254 S PINELLAS AVE  
TARPON SPRINGS, FL 34689 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

NAUMANN, DOUGLAS E  
627 N. MAYO STREET  
CRYSTAL BEACH, FL 34681 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: MGRM ( ) Delete  
Name: NAUMANN, DOUGLAS E. & LIZA B., TEN. BY ENT  
Address: 627 N. MAYO STREET  
City-St-Zip: CRYSTAL BEACH, FL 34681

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NAUMANN, DOUGLAS E. & LIZA B., TEN. BY ENT  
Address: 627 N. MAYO STREET  
City-St-Zip: CRYSTAL BEACH, FL 34681 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: DOUGLAS E NAUMANN                      MGRM                      04/27/2009

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