

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046276

Entity Name: LAUTHER-PHILLIPS, LLC

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

6404 MANATEE AVE W
SUITE N
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

6404 MANATEE AVE W
SUITE N
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 06-1746654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, MICHAEL J
705 89TH COURT NW
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

GOULD, MICHAEL J
6404 MANATEE AVE WEST
SUITE N
BRADENTON, FL 34209 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: MIKE GOULD

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOULD, MICHAEL J
Address: 705 89TH COURT NW
City-St-Zip: BRADENTON, FL 34209

Title: MGRM () Delete
Name: GOULD, JANICE K
Address: 705 89TH COURT NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOULD, MICHAEL J
Address: 6404 MANATEE AVE WEST SUITE N
City-St-Zip: BRADENTON, FL 34209

Title: MGRM (X) Change () Addition
Name: GOULD, JANICE K
Address: 6404 MANATEE AVE WEST SUITE N
City-St-Zip: BRADENTON, FL 34209

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: MICHAEL GOULD

MGRM

01/09/2009

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