

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047555

FILED
Apr 22, 2009
Secretary of State

Entity Name: ARAGORN GROUP, LLC

Current Principal Place of Business:

17396 NICASIO JAY AVENUE
BROOKSVILLE, FL 34614 US

New Principal Place of Business:

25324 WITHROW ROAD
BROOKSVILLE, FL 34601 US

Current Mailing Address:

17396 NICASIO JAY AVENUE
BROOKSVILLE, FL 34614 US

New Mailing Address:

25324 WITHROW ROAD
BROOKSVILLE, FL 34601 US

FEI Number: 20-2848267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIENES, WILLIAM J
17396 NICASIO JAY AVENUE
BROOKSVILLE, FL 34614 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: DIENES, WILLIAM J
Address: 17396 NICASIO JAY AVENUE
City-St-Zip: BROOKSVILLE, FL 34614 US

Title: MGRM () Delete
Name: CHANEY, WILLIAM C
Address: 3349 CILLY AVENUE
City-St-Zip: SPRING HILL, FL 34609 US

Title: MGRM () Delete
Name: CHIARAMONTE, DAVID V
Address: 3523 LIGONIER ROAD
City-St-Zip: SPRING HILL, FL 34608 US

Title: MGRM () Delete
Name: THORPE, MICHAEL L
Address: 25324 WITHROW ROAD
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL L. THORPE

MGRM

04/22/2009

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