

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048016

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: LANDIS GROUP LLC

**Current Principal Place of Business:**

2660 FT. DENAUD ROAD  
LA BELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

2660 FT. DENAUD ROAD  
LA BELLE, FL 33935 US

**New Mailing Address:**

FEI Number: 20-2841432

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANDIS, CLAUDIA M  
2660 FT. DENAUD ROAD  
LA BELLE, FL 33935 US

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

LANDIS, CLAUDIA M PRES.  
2660 FT. DENAUD ROAD  
LA BELLE, FL 33935 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: CLAUDIA M. LANDIS

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP ( ) Delete  
Name: LANDIS, DONALD P JR  
Address: 2660 FT. DENAUD ROAD  
City-St-Zip: LA BELLE, FL 33935 US

Title: P ( ) Delete  
Name: LANDIS, CLAUDIA M  
Address: 2660 FT. DENAUD ROAD  
City-St-Zip: LA BELLE, FL 33935 US

**ADDITIONS/CHANGES:**

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

Title: PRES (X) Change ( ) Addition  
Name: LANDIS, CLAUDIA M  
Address: 2660 FT. DENAUD ROAD  
City-St-Zip: LA BELLE, FL 33935 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: CLAUDIA M LANDIS

PRES

01/15/2009

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