

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058415

FILED
Apr 14, 2009
Secretary of State

Entity Name: TAYLORS, LLC

Current Principal Place of Business:

147 ALHAMBRA CIRCLE, STE. 200
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2301 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

Current Mailing Address:

147 ALHAMBRA CIRCLE, STE. 200
CORAL GABLES, FL 33134 US

New Mailing Address:

2301 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

FEI Number: 20-3516737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATS, RENE
2301 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 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: PRATS, RENE MGRM
Address: 2301 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: GAUNCE, PATRICK
Address: 575 COUNTRY CLUB ESTATES
City-St-Zip: GLASGOW, KY 42141

Title: S () Delete
Name: GAUNCE, PATRICK
Address: 575 COUNTRY CLUB ESTATES
City-St-Zip: GLASGOW, KY 42141

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:

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: RENE PRATS

MGRM

04/14/2009

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