

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081380

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLAGSHIP HOLDINGS GROUP, LLC

Current Principal Place of Business:

735 ARLINGTON AVENUE NORTH
SUITE 307
ST. PETERSBURG, FL 33701

New Principal Place of Business:

33 6TH STREET SOUTH
SUITE 601
ST. PETERSBURG, FL 33701

Current Mailing Address:

735 ARLINGTON AVENUE NORTH
SUITE 307
ST. PETERSBURG, FL 33701

New Mailing Address:

33 6TH STREET SOUTH
SUITE 601
ST. PETERSBURG, FL 33701

FEI Number: 20-3317987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOAN, JEFFREY G
735 ARLINGTON AVENUE NORTH
SUITE 307
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MOAN, JEFFREY G
33 6TH STREET SOUTH
SUITE 601
ST PETERSBURG, FL 33701 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: JEFFREY G MOAN

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHMEICHEL, GARY R
Address: 307 15TH AVENUE WEST
City-St-Zip: PALMETTO, FL 34221

Title: MGRM () Delete
Name: MOAN, JEFFREY G
Address: 2704 W. BALLAST POINT BLVD
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

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: JEFFREY G MOAN

MGRM

04/20/2009

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