

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091667

Entity Name: TUHAYE HOLDINGS, LLC

FILED
Feb 03, 2009
Secretary of State

Current Principal Place of Business:

412 EAST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 163
DEERFIELD BEACH, FL 33443

New Mailing Address:

FEI Number: 20-3972195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENNACHIO, DENNIS
412 EAST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33441 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: PENNACHIO, DENNIS
Address: 412 EAST HILLSBORO BOULEVARD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: PALACINO, RICHARD A
Address: 412 EAST HILLSBORO BOULEVARD
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGRM () Delete
Name: PALACINO, JANET E
Address: 412 EAST HILLSBORO BOULEVARD
City-St-Zip: DEERFIELD BEACH, FL 33341

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: DENNIS PENNACHIO

MGRM

02/03/2009

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