

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103826

Entity Name: FLYNN PROPERTIES, LLC

FILED
Apr 26, 2009
Secretary of State

Current Principal Place of Business:

1 HARTSHORN LANE
WEST NYACK, NY 10994

New Principal Place of Business:

Current Mailing Address:

1 HARTSHORN LANE
WEST NYACK, NY 10994

New Mailing Address:

FEI Number: 55-0911510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANTE, WILLIAM
6172 HALF MOON DR.
PORT ORANGE, FL 32127 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: FLYNN, MICHAEL
Address: 1 HARTSHORN LANE
City-St-Zip: WEST NYACK, NY 10994

Title: MGRM () Delete
Name: CUMMINGS, PAUL
Address: 78 PARKWAY ROAD
City-St-Zip: BRONXVILLE, NY 10708

Title: MGRM () Delete
Name: FLYNN, SEAN
Address: 23 NORWOOD PL
City-St-Zip: NANUET, NY 10954

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: MICHAEL FLYNN

MGRM

04/26/2009

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