

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113818

Entity Name: THE DOWNUNDER, LLC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

2020 W. PENSACOLA STREET  
SUITE 27  
TALLAHASSEE, FL 32304

## Current Mailing Address:

PO BOX 2535  
TALLAHASSEE, FL 323162535

## New Principal Place of Business:

2020 WEST PENSACOLA STREET  
SUITE 27  
TALLAHASSEE, FL 32304 US

## New Mailing Address:

PO BOX 2535  
TALLAHASSEE, FL 323162535 US

FEI Number: 20-3852087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAULS, JAMES  
2020 W PENSACOLA STREET  
SUITE 27  
TALLAHASSEE, FL 32304 US

## Name and Address of New Registered Agent:

LEONI, STEVEN M  
2020 W PENSACOLA STREET  
SUITE 27  
TALLAHASSEE, FL 32304 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: STEVEN M. LEONI

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: LEONI, STEVEN M  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGR (X) Delete  
Name: SAULS, JAMES S  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316

## 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: STEVEN M. LEONI

MGRM

04/28/2009

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