

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119557

**FILED**  
**Feb 05, 2009**  
**Secretary of State**

**Entity Name:** THE 909 LLC

**Current Principal Place of Business:**

1649 SWAN TERRACE  
NORTH FT. MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

1649 SWAN TERRACE  
NORTH FT. MYERS, FL 33913

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, EVELYN  
1649 SWAN TER  
NORTH FORT MYERS, FL 33903 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: P ( ) Delete  
Name: EVANS, EVELYN  
Address: 1649 SWAN TER  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: ST ( ) Delete  
Name: EVANS, EVELYN  
Address: 1649 SWAN TERR  
City-St-Zip: NORTH FORT MYERS, FL 33903

**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: EVELYN

VPRE

02/05/2009

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