

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000119557

**FILED  
Jan 15, 2011  
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  
Name:           EVANS, EVELYN  
Address:        1649 SWAN TER  
City-St-Zip:    NORTH FORT MYERS, FL 33903

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

I hereby 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 EVANS

P

01/15/2011

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