

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005502

FILED
Apr 29, 2009
Secretary of State

Entity Name: CURB APPEAL, LLC

Current Principal Place of Business:

209 WINTHROP AVENUE WEST
PENSACOLA, FL 32507

New Principal Place of Business:

3333 N. 18TH AVE.
PENSACOLA, FL 32503

Current Mailing Address:

209 WINTHROP AVENUE WEST
PENSACOLA, FL 32507

New Mailing Address:

3333 N. 18TH AVE.
PENSACOLA, FL 32503

FEI Number: 55-0915264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLMAN, MARK
209 WINTHROP AVENUE WEST
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

TILLMAN, MARK
3333 N. 18TH AVE.
PENSACOLA, FL 32503 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: MARK A. TILLMAN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TILLMAN, MARK
Address: 209 WINTHROP AVENUE WEST
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: TILLMAN, GRETCHEN
Address: 209 WINTHROP AVENUE WEST
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TILLMAN, MARK
Address: 3333 N. 18TH AVE.
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM (X) Change () Addition
Name: TILLMAN, GRETCHEN
Address: 3333 N. 18TH AVE.
City-St-Zip: PENSACOLA, FL 32503

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: GRETCHEN TILLMAN

MGRM

04/29/2009

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