2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000006473

Entity Name: THRELKELD HOLDINGS, LC

Current Principal Place of Business:

317 S.E. 3RD STREET
APT.# 2
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

317 S.E. 3RD STREET
APT # 2
BELLE GLADE, FL 33430

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:

NOWICKI, MARK J
480 MAPLEWOOD DRIVE, SUITE 2
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

THRELKELD, JAMES J
317 SE THIRD STREET
APARTMENT # 2
BELLE GLADE, FL 33430 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: JAMES J THRELKELD 04/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THRELKELD, SARAH E
Address: 317 S.E. 3RD STREET, APT. 2
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete
Name: THRELKELD, JAMES J
Address: 317 S.E. 3RD STREET, APT. 2
City-St-Zip: BELLE GLADE, FL 33430

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: JAMES J.THRELKELD MR. 04/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date