

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006787

Entity Name: MATS UNLIMITED LLC

FILED
Mar 08, 2009
Secretary of State

Current Principal Place of Business:

2249 HWY 60 E
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

2249 HWY 60 E
LAKE WALES, FL 33898

New Mailing Address:

FEI Number: 20-4280389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, DAVID E
2249 HWY 60 E
LAKE WALES, FL 33898 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: MGR () Delete
Name: LEARY, REBBECA E
Address: 2249 HWY 60 E
City-St-Zip: LAKE WALES, FL 33898

Title: MGR () Delete
Name: BOND, DAVID E
Address: 2249 HWY 60 E
City-St-Zip: LAKE WALES, FL 33898

Title: MGR () Delete
Name: LEARY, ROBERT E JR
Address: 2279 HWY 60 E
City-St-Zip: LAKE WALES, FL 33898

Title: MGR () Delete
Name: BOND, AMANDA D
Address: 2249 HWY 60 E
City-St-Zip: LAKE LAND, FL 33898

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID E BOND

MNGR

03/08/2009

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