2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000008665

Entity Name: 309 INVESTMENT, LLC

Current Principal Place of Business:

1043 TROPICAL AVE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

1043 TROPICAL AVE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-4246779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, G DAVID
1043 TROPICAL AVE
PORT CHARLOTTE, FL 33948 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: CRUMBAUGH, JAMES A III
Address: 2812 RYAN ROAD
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR ( ) Delete
Name: CRUMBAUGH, VIRGINIA
Address: 2812 RYAN ROAD
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR ( ) Delete
Name: POWELL, GEORGE D
Address: 1043 TROPICAL AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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:

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: G. DAVID POWELL MR 04/30/2009

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