

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037086

Entity Name: SNYDER-D'AMICO, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

7830 CAPITANO STREET
RIVERVIEW, FL 33569

New Principal Place of Business:

437 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

Current Mailing Address:

7830 CAPITANO STREET
RIVERVIEW, FL 33569

New Mailing Address:

437 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572

FEI Number: 20-5013146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AMICO, CATHLEEN C
7830 CAPITANO STREET
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

SNYDER, ERIC L MGRM
437 APOLLO BEACH BLVD.
APOLLO BEACH, FL 33572 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: ERIC L. SNYDER

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: D'AMICO, ANTHONY J
Address: 7830 CAPITANO STREET
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: SNYDER, ERIC L
Address: 820 SYMPHONY ISLES BOULEVARD
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SNYDER, ERIC L
Address: 437 APOLLO BEACH BLVD.
City-St-Zip: APOLLO BEACH, FL 33572

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: ERIC L. SNYDER

MGRM

01/15/2009

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