

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040013

Entity Name: THL ENTERPRISES, LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

2303 NE 5TH TERRACE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

2303 NE 5TH TERRACE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 20-4629652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGINNIS, HEIDI
2303 NE 5TH TERRACE
CAPE CORAL, FL 33909 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: MGRM () Delete
Name: DANKO, LYNN
Address: P.O. BOX 236
City-St-Zip: ESTERO, FL 33928

Title: MGRM () Delete
Name: MCGINNIS, HEIDI
Address: 2303 NE 5TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM () Delete
Name: MCGINNIS, TYLER
Address: 2303 NE 5TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

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: LYNN D. DANKO

MGR

05/04/2009

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