

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057875

Entity Name: G THOMPSON DO, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

160 JULIA LANE
SPEEDWELL, TN 37870 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4351
HARROGATE, TN 37752 US

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:

PATHFINDER BUSINESS STRATEGIES, LLC
10315 102ND TERRACE
SEBASTIAN, FL 32958 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: THOMPSON, KARREN
Address: P.O. BOX 4351
City-St-Zip: HARROGATE, TN 37752 US

Title: MGRM () Delete
Name: THOMPSON, GREGORY
Address: P.O. BOX 4351
City-St-Zip: HARROGATE, TN 37752 US

Title: MGRM () Delete
Name: THOMPSON, JOSHUA R
Address: P.O. BOX 4351
City-St-Zip: HARROGATE, TN 37752 US

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: KARREN THOMPSON MGRM 04/29/2009

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