2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L06000067437

Entity Name: FUCHS LLC.

Current Principal Place of Business:

4455 SW 34TH STREET,
APT. PP221
GAINESVILLE, FL 32608

New Principal Place of Business:

4455 SW 34TH STREET
APT. PP221
GAINESVILLE, FL 32608

Current Mailing Address:

4455 SW 34TH STREET,
APT. PP221
GAINESVILLE, FL 32608

New Mailing Address:

4455 SW 34TH STREET
APT. PP221
GAINESVILLE, FL 32608

FEI Number: 56-2598563 **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:

FUCHS, JUSTIN
4455 SW 34TH STREET,
APT. PP221
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

FUCHS, JUSTIN A
4455 SW 34TH STREET
APT. PP221
GAINESVILLE, FL 32608 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: JUSTIN A. FUCHS 05/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FUCHS, JUSTIN
Address: 4455 SW 34TH STREET, APT. PP221
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: PDTS (X) Change ( ) Addition
Name: FUCHS, JUSTIN A
Address: 4455 SW 34TH STREET, APT. PP221
City-St-Zip: GAINESVILLE, FL 32608

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: JUSTIN A. FUCHS PDTS 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date