

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084354

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: PERSONALABS OF FLORIDA, LLC

**Current Principal Place of Business:**

2215 WINKLER AVENUE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2215 WINKLER AVENUE  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 20-5517299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COSSAIRT, DONALD C  
2215 WINKLER AVENUE  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

WILSON, EDGAR A  
2215 WINKLER AVENUE  
FORT MYERS, FL 33901 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: EDGAR A WILSON

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILSON, EDGAR  
Address: 1560 MATTHEW DRIVE, UNIT H  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILSON, EDGAR  
Address: 2215 WINKLER AVENUE  
City-St-Zip: FORT MYERS, FL 33901

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: EDGAR A WILSON

MGRM

04/29/2009

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