

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090914

FILED  
May 01, 2009  
Secretary of State

Entity Name: PATHENRO46 LLC

## Current Principal Place of Business:

1405 N 22ND ST  
FORT PIERCE, FL 34950 US

## New Principal Place of Business:

1921 AVENUE D  
FORT PIERCE, FL 34950 US

## Current Mailing Address:

1405 N 22ND ST  
FORT PIERCE, FL 34950 US

## New Mailing Address:

1921 AVENUE D  
FORT PIERCE, FL 34950 US

FEI Number: 20-5613926      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:

DAVIS, EVA  
1405 N 22ND ST  
FORT PIERCE, FL 34950 US

## Name and Address of New Registered Agent:

DAVIS, EVA  
1901 AVENUE O  
FORT PIERCE, FL 34950 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: EVA DAVIS

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HENRY, CHERYL  
Address: 1465 23RD ST SW  
City-St-Zip: VERO BEACH, FL 32962 US

Title: MGRM ( ) Delete  
Name: MOORE, SHIRLEY  
Address: 1901 AVENUE O APT B  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGRM ( ) Delete  
Name: ROLLE, SHANTENKA  
Address: 1001 AVENUE G  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGRM ( ) Delete  
Name: MITCHELL, FANNIE  
Address: 1901 AVE O APT B  
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGRM ( ) Delete  
Name: BOYCE, JEFFREY  
Address: 715 N 10TH STREET  
City-St-Zip: FORT PIERCE, FL 34950 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:

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: JEFFREY BOYCE

MGRM

05/01/2009

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