

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093347

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** TAYLOR'S WORKIN CLASS, LLC

**Current Principal Place of Business:**

740 10TH AVE NW  
NAPLES, FL 34120

**New Principal Place of Business:**

**Current Mailing Address:**

740 10TH AVE NW  
NAPLES, FL 34120

**New Mailing Address:**

15980 NE 35TH AVENUE ROAD  
CITRA, FL 32113

**FEI Number:** 20-5614070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOHR TAYLOR, DANA L  
740 10TH AVE NW  
NAPLES, FL 34120 US

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

MOHR TAYLOR, DANA L  
15980 NE 35TH AVE. RD.  
CITRA, FL 32113 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: DANA L. M. TAYLOR

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MM ( ) Delete  
Name: MOHR TAYLOR, DANA L  
Address: 740 10TH AVENUE NW  
City-St-Zip: NAPLES, FL 34120 US

Title: MM ( ) Delete  
Name: TAYLOR, TIMOTHY N  
Address: 740 10TH AVENUE NW  
City-St-Zip: NAPLES, FL 34120 US

**ADDITIONS/CHANGES:**

Title: MM (X) Change ( ) Addition  
Name: MOHR TAYLOR, DANA L  
Address: 15980 NE 35TH AVE. RD.  
City-St-Zip: CITRA, FL 32113 US

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: DANA L. M. TAYLOR

MM

04/16/2009

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