

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095811

**FILED**  
**May 30, 2009**  
**Secretary of State**

**Entity Name:** UNITED THREADWORKS, LLC

**Current Principal Place of Business:**

8406 POYDRAS LN  
TAMPA, FL 33635 US

**New Principal Place of Business:**

6831 MITCHELL CIR  
TAMPA, FL 33634 US

**Current Mailing Address:**

8406 POYDRAS LN  
TAMPA, FL 33635 US

**New Mailing Address:**

6831 MITCHELL CIR  
TAMPA, FL 33634 US

**FEI Number:** 20-5651113      **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:**

BONTRAGER, DOUGLAS  
8406 POYDRAS LN  
TAMPA, FL 33635 US

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

BONTRAGER, DOUGLAS  
6831 MITCHELL CIR  
TAMPA, FL 33634 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/30/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BONTRAGER, DOUGLAS  
Address: 8406 POYDRAS LN  
City-St-Zip: TAMPA, FL 33635 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BONTRAGER, DOUGLAS  
Address: 6831 MITCHELL CIR  
City-St-Zip: TAMPA, FL 33634 US

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: DOUGLAS M BONTRAGER

MGR

05/30/2009

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