

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103535

FILED  
May 02, 2009  
Secretary of State

**Entity Name:** TDARNOW CONSTRUCTION, LLC

**Current Principal Place of Business:**

10050 SPYGLASS HILL LANE  
FORT MYERS, FL 33966

**New Principal Place of Business:**

**Current Mailing Address:**

10050 SPYGLASS HILL LANE  
FORT MYERS, FL 33966

**New Mailing Address:**

P.O. BOX 2451  
BONITA SPRINGS, FL 34133

FEI Number: 36-4596157      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:**

ARNOW, THOMAS D  
10050 SPYGLASS HILL LANE  
FORT MYERS, FL 33966      US

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:      PRES      ( ) Delete  
Name:      ARNOW, THOMAS D  
Address:      10050 SPYGLASS HILL LANE  
City-St-Zip:      FORT MYERS, FL 33966 US

**ADDITIONS/CHANGES:**

Title:      PREZ      (X) Change ( ) Addition  
Name:      ARNOW, THOMAS D  
Address:      10050 SPYGLASS HILL LANE  
City-St-Zip:      FORT MYERS, FL 33966 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: THOMAS ARNOW

PREZ

05/02/2009

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