

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106738

Entity Name: 815 MABBETTE, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

316 PLEASANT ST.
KISSIMMEE, FL 34741

New Principal Place of Business:

815 MABBETTE ST.
SUITE 202
KISSIMMEE, FL 34741

Current Mailing Address:

316 PLEASANT ST.
KISSIMMEE, FL 34741

New Mailing Address:

815 MABBETTE ST.
SUITE 202
KISSIMMEE, FL 34741

FEI Number: 20-5818703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFF, JEFFREY D
316 PLEASANT ST
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

WOLFF, JEFFREY D
815 MABBETTE ST.
SUITE 202
KISSIMMEE, FL 34741 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: WOLFF, JEFFREY D
Address: 316 PLEASANT ST.
City-St-Zip: KISSIMMEE, FL 34741

Title: VP () Delete
Name: HOPKINS, MICHAEL
Address: 316 PLEASANT ST.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: WOLFF, JEFFREY D
Address: 815 MABBETTE ST., SUITE 202
City-St-Zip: KISSIMMEE, FL 34741

Title: VP (X) Change () Addition
Name: HOPKINS, MICHAEL
Address: 815 MABBETTE ST., SUITE 202
City-St-Zip: KISSIMMEE, FL 34741

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 D. WOLFF

VP

04/30/2009

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