

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117692

Entity Name: HOUSE OF LADDERS, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

4229 N. MAIN STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

3525 IONIA STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 59-2460972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

HOLBROOK COLD, KATHLEEN
ONE INDEPENDANT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202 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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WHITLOCK, RICHARD K
Address: 3525 IONIA STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGR () Delete
Name: CHAPMAN, MICHAEL B
Address: 3525 IONIA STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: WEAVER, SARAH R OFF MAN
Address: 3525 IONIA STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: SARAH ROBYN WEAVER

MGR

03/20/2009

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