# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 13, 2009**
**Secretary of State**

DOCUMENT# L06000121513

**Entity Name:** SANDCASTLE CONNECTION, LLC

**Current Principal Place of Business:**

2945 OXFORD AVE
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

2945 OXFORD AVE
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

PROFESSIONAL TAX CONSULTANTS, INC.
2225 E. EDGEWOOD DR.
SUITE 14
LAKELAND, FL 33803 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: MGRM ( ) Delete
Name: BURDA, DIANE M
Address: 2945 OXFORD AVE
City-St-Zip: LAKELAND, FL 33803 US

Title: MGRM ( ) Delete
Name: HARDY, REBECCA J
Address: 328 VAIL DRIVE S.E.
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MGRM ( ) Delete
Name: BURDA, GRETCHEN S
Address: 210 FARMBROOKE COURT
City-St-Zip: ATLANTA, GA 30350 US

**ADDITIONS/CHANGES:**

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

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

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: DIANE M. BURDA MGM 02/13/2009

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