

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004748

FILED
Apr 08, 2009
Secretary of State

Entity Name: THOMPSON & LEIBFRIED, LLC

Current Principal Place of Business:

105 SOUTH LINCOLN AVENUE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

105 SOUTH LINCOLN AVENUE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 20-8237126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIZABETH CHATMAN THOMPSON
1906 S. DALE MABRY HWY
TAMPA, FL 33629 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: MGR () Delete
Name: THOMPSON, COLIN
Address: 105 SOUTH LINCOLN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete
Name: LEIBFRIED, BRIAN
Address: 5020 NW 10TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMPSON, EDWARD C
Address: 105 SOUTH LINCOLN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: MGR (X) Change () Addition
Name: LEIBFRIED, BRIAN
Address: 2201 N CLEVELAND AVE #303, IL 606
City-St-Zip: CHICAGO, IL 60614

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: EDWARD COLIN THOMPSON

MGR

04/08/2009

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