

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005492

FILED
Apr 09, 2009
Secretary of State

Entity Name: MACHINE'S R/C HOBBIES LLC.

Current Principal Place of Business:

1878 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Principal Place of Business:

1872 UNIVERSITY PARKWAY
SARASOTA, FL 34243

Current Mailing Address:

1878 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Mailing Address:

1872 UNIVERSITY PARKWAY
SARASOTA, FL 34243

FEI Number: 20-8234623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNCOAST ACCOUNTING & TAX INC.
2406 9TH STREET WEST
BRADENTON, FL 34205 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: HICKERSON, EUGENE
Address: 3855 PAYNE ROAD
City-St-Zip: MYAKKA CITY, FL 34251

Title: MGR () Delete
Name: HICKERSON, RYSANN
Address: 3855 PAYNE ROAD
City-St-Zip: MYAKKA CITY, FL 34251

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HICKERSON, EUGENE
Address: 4013 SANTA ANA RD
City-St-Zip: NORTH PORT, FL 34286

Title: MGR (X) Change () Addition
Name: HICKERSON, RYSANN
Address: 4013 SANTA ANA RD
City-St-Zip: NORTH PORT, FL 34286

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: RYSANN HICKERSON

MGR

04/09/2009

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