

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008232

FILED  
Sep 25, 2009  
Secretary of State

**Entity Name:** PHOENIX PUBLISHING HOUSE, LLC

**Current Principal Place of Business:**

520 NW 165 ST  
STE 112  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 823232  
PEMBROKE PINES, FL 33082 US

**New Mailing Address:**

FEI Number: 20-8302845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

GRANT, SHELLY ANN  
520 NW 165 ST  
112  
MIAMI, FL 33169 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRANT, SHELLY ANN  
Address: 520 NW 165 ST  
City-St-Zip: MIAMI, FL 33169 US

Title: MGRM ( ) Delete  
Name: NEIL, KATRINE  
Address: 510 SW 113TH WAY BLD 11  
City-St-Zip: PEMBROKE PINES, FL 33025 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: LINTON, WAYNE  
Address: 7683 TAMARAC ISLAND CIRCLE  
City-St-Zip: TAMARAC, FL 33321

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: SHELLY ANN GRANT

MGRM

09/25/2009

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