2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L07000028232

Entity Name: BOGIN POSTAL, LLC

Current Principal Place of Business:

11511 OYSTER BAY CIRCLE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

11328 RIDGE RD
NEW PORT RICHEY, FL 34654 US

Current Mailing Address:

11511 OYSTER BAY CIRCLE
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 33-1157936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYLE, ROBERT J
11511 OYSTER BAY CIRCLE
NEW PORT RICHEY, FL 34654 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: KYLE, ROBERT J
Address: 11511 OYSTER BAY CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM ( ) Delete
Name: KYLE, ROBERT J III
Address: 11503 OYSTER BAY CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM ( ) Delete
Name: HARELSON, TRACY V
Address: 11407 OYSTER BAY CIRCLE
City-St-Zip: NEW PORT RICHEY, FL 34654

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: ROBERT J KYLE MGRM 04/09/2009

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