

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034579

FILED
Apr 22, 2009
Secretary of State

Entity Name: LATALQUIN LLC

Current Principal Place of Business:

11476 PINE STREET
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

11476 PINE STREET
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 02-0804566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDLEY, DANIEL P
11476 PINE STREET
JACKSONVILLE, FL 32258 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: DUDLEY, DANIEL P
Address: 11476 PINE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: DUDLEY, LINDA B
Address: 11476 PINE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: HADDEN, DANETTE
Address: 11476 PINE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: SAVORY, LEANNE
Address: 11476 PINE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: DUDLEY, JUSTIN
Address: 11476 PINE STREET
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM () Delete
Name: DUDLEY, DEBRA
Address: 11476 PINE STREET
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: HADDEN, DANETTE
Address: 6494 YELLOW LEAF CT.
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM (X) Change () Addition
Name: SAVERY, LEANNE
Address: 4373 SYCAMORE PASS CT W.
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM (X) Change () Addition
Name: DUDLEY, JUSTIN
Address: 2891 EVERHOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32223

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: DANIEL P. DUDLEY

MR.

04/22/2009

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