2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L07000064773

Entity Name: THOMPSON SPRINGFIELD, LLC

Current Principal Place of Business:

815 EAST 6TH AVENUE
ATTN: CARYL G PIERCE
TALLAHASSEE, FL 323036403

New Principal Place of Business:

227 S. CALHOUN STREET
ATTN: JAMES HAROLD THOMPSON
TALLAHASSEE, FL 32301

Current Mailing Address:

815 EAST 6TH AVENUE
ATTN: CARYL G PIERCE
TALLAHASSEE, FL 323036403

New Mailing Address:

227 S. CALHOUN STREET
ATTN: JAMES HAROLD THOMPSON
TALLAHASSEE, FL 32301

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, CARYL G
815 EAST 6TH AVENUE
TALLAHASSEE, FL 323036403 US

Name and Address of New Registered Agent:

THOMPSON, JAMES H
227 S. CALHOUN STREET
TALLAHASSEE, FL 32301 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: JAMES H. THOMPSON 01/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PIERCE, CARYL G
Address: 815 EAST 6TH AVENUE
City-St-Zip: TALLAHASSEE, FL 323036403

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THOMPSON, JAMES H
Address: 227 S. CALHOUN STREET
City-St-Zip: TALLAHASSEE, FL 32301

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: JAMES H. THOMPSON MGRM 01/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date