

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065494

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: COLLECTORS CORNER EMBROIDERY LLC

**Current Principal Place of Business:**

11400 OVERSEAS HIGHWAY  
SUITE 216  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 522739  
MARATHON SHORES, FL 33052

**New Mailing Address:**

FEI Number: 26-0401962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAW OFFICES OF THOMAS D. WRIGHT, CHARTERED  
9711 OVERSEAS HIGHWAY  
MARATHON, FL 33050 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: HAINES, STAN  
Address: 55 LOBSTERTAIL ROAD  
City-St-Zip: BIG PINE KEY, FL 33043

Title: MGRM ( ) Delete  
Name: RICHARDS, SUSAN L  
Address: 55 LOBSTERTAIL ROAD  
City-St-Zip: BIG PINE KEY, FL 33043

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAINES, STAN  
Address: P. O. BOX 522739  
City-St-Zip: MARATHON SHORES, FL 33052

Title: MGRM (X) Change ( ) Addition  
Name: RICHARDS, SUSAN L  
Address: P. O. BOX 522739  
City-St-Zip: MARATHON SHORES, FL 33052

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: SUSAN L. HAINES

MGRM

03/06/2009

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