

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070795

Entity Name: THC INVESTMENTS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1017 MAJESTIC OAK DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1043
APOPKA, FL 32704

New Mailing Address:

FEI Number: 26-1738495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, SHARON
2512 OVERLAND ROAD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

COMBS, SHARON
1017 MAJESTIC OAK DR
APOPKA, FL 32712 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: SHARON COMBS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMBS, STEVEN
Address: 1017 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712

Title: MGRM () Delete
Name: COMBS, SHARON
Address: 1017 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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: SHARON COMBS

MGRM

04/30/2009

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