

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074598

Entity Name: ONE CUT AWAY LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

7413 ANSTEAD CIRCLE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

7413 ANSTEAD CIRCLE
ORLANDO, FL 32810

New Mailing Address:

2940 KEYSTONE HEIGHTS
APOPKA, FL 32703

FEI Number: 26-0576474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOLIN, CHRISTOPHER A
7413 ANSTEAD
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

NOLIN, CHRISTOPHER S
7413 ANSTEAD
ORLANDO, FL 32810 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: CHRISTOPHER S. NOLIN

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LYNCH, TIMOTHY I I
Address: 2940 KEYSTONE HEIGHTS
City-St-Zip: APOPKA, FL 32703

Title: MGRM () Delete
Name: NOLIN, CHRISTOPHER
Address: 7413 ANSTEAD CIRCLE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LYNCH, TIMOTHY W I I
Address: 2940 KEYSTONE HEIGHTS
City-St-Zip: APOPKA, FL 32703

Title: MGRM (X) Change () Addition
Name: NOLIN, CHRISTOPHER S
Address: 7413 ANSTEAD CIRCLE
City-St-Zip: ORLANDO, FL 32818

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: TIMOTHY W. LYNCH II

MGRM

04/30/2009

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