# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# L07000076339

**Entity Name:** MCMASTER TURF LLC

**Current Principal Place of Business:**

135 W. LAKESIDE DRIVE
PORT ORANGE, FL 32128

**New Principal Place of Business:**

135 LAKESIDE DRIVE W.
PORT ORANGE, FL 32128

**Current Mailing Address:**

135 W. LAKESIDE DRIVE
PORT ORANGE, FL 32128

**New Mailing Address:**

135 LAKESIDE DRIVE W.
PORT ORANGE, FL 32128

**FEI Number: 26-0573976** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCMASTER, JAMES D
135 W. LAKESIDE DRIVE
PORT ORANGE, FL 32128 US

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

MCMASTER, JAMES D
135 LAKESIDE DRIVE W.
PORT ORANGE, FL 32128 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 D. MCMASTER 04/07/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: MCMASTER, JAMES D
Address: 135 W. LAKESIDE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM ( ) Delete
Name: MCMASTER, ADAM T
Address: 135 W. LAKESIDE DRIVE
City-St-Zip: PORT ORANGE, FL 32128

**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: JAMES D. MCMASTER MGR 04/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date