

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095140

Entity Name: NORTHERN TOUCH LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

621 E WACKER STREET
HERNANDO, FL 34442

New Principal Place of Business:

14344 WADSWORTH DR
ODESSA, FL 33556

Current Mailing Address:

621 E WACKER STREET
HERNANDO, FL 34442

New Mailing Address:

PO BOX 992
ODESSA, FL 33556

FEI Number: 26-0748081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORN, WENDY
621 E WACKER STREET
HERNANDO, FL 34442 US

Name and Address of New Registered Agent:

RAFALOSKI, ELIZABETH J
14344 WADSWORTH DR
ODESSA, FL 33556 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: ELIZABETH J RAFALOSKI

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KORN, TOM
Address: 621 E WACKER STREET
City-St-Zip: HERNANDO, FL 34442

Title: MGRM (X) Delete
Name: KORN, WENDY
Address: 621 E WACKER STREET
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KORN, TOM
Address: PO BOX 992
City-St-Zip: ODESSA, FL 33556

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: ELIZABETH J RAFALOSKI

AGT

04/30/2008

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