

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109524

FILED
Jan 20, 2009
Secretary of State

Entity Name: TOWN CENTER CHOCOLATIERS LLC

Current Principal Place of Business:

4413 TOWN CENTER PARKWAY
SUITE 219
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

4413 TOWN CENTER PARKWAY
SUITE 219
JACKSONVILLE, FL 32246 US

New Mailing Address:

FEI Number: 26-1323528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYNER, JUSTIN
1873 RIVER RD.
JACKSONVILLE, FL 32207 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: MGR () Delete
Name: SAMS, JACKLYN S
Address: 4332 PINEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: JOYNER, PAULA
Address: 1334 LAKEWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: JOYNER, JUSTIN
Address: 1873 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: SAMS, CHRIS
Address: 1873 RIVER ROAD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: SAMS, JACK
Address: 9756 ORR COURTS NORTH
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM () Delete
Name: SAMS, SUSAN
Address: 9756 ORR COURTS NORTH
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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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: JACKLYN S. SAMS

OWNE

01/20/2009

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