

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113546

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** THOMAS R. OLDT INVESTMENT SERVICES LLC

**Current Principal Place of Business:**

441 EAST CENTRAL AVENUE  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

**Current Mailing Address:**

441 EAST CENTRAL AVENUE  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 22-3972311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

OLDT, THOMAS R  
441 E CENTRAL AVENUE  
WINTER HAVEN, FL 33880 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:** THOMAS R. OLDT

02/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** OLDT, TOM  
**Address:** 441 EAST CENTRAL AVENUE  
**City-St-Zip:** WINTER HAVEN, FL 33880

**Title:** S ( ) Delete  
**Name:** OLDT, TOM  
**Address:** 441 EAST CENTRAL AVENUE  
**City-St-Zip:** WINTER HAVEN, FL 33880

**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:** THOMAS R. OLDT

MGR

02/13/2009

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