

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118377

FILED
Mar 20, 2009
Secretary of State

Entity Name: VOSE HOLDINGS CENTRAL AND MAIN, LLC

Current Principal Place of Business:

527 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712

New Principal Place of Business:

324 W. MORSE BLVD.
WINTER PARK, FL 32789

Current Mailing Address:

527 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712

New Mailing Address:

324 W. MORSE BLVD.
WINTER PARK, FL 32789

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VOSE, WADE C
527 WEKIVA COMMONS CIRCLE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

VOSE, WADE C
324 W. MORSE BLVD.
WINTER PARK, FL 32789 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: WADE C. VOSE

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VOSE, WADE C
Address: 527 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: VOSE, JEFFREY H
Address: 527 WEKIVA COMMONS CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VOSE, WADE C
Address: 324 W. MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

Title: MGR (X) Change () Addition
Name: VOSE, JEFFREY H
Address: 324 W. MORSE BLVD.
City-St-Zip: WINTER PARK, FL 32789

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: WADE C. VOSE

MGR

03/20/2009

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