

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121788

FILED
Jun 23, 2009
Secretary of State

Entity Name: DECEMBER PROPERTIES OF FLORIDA, L.L.C.

Current Principal Place of Business:

3214 TACON STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3214 TACON STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANCHORS, C. LEDON
909 MAR WALT DRIVE, SUITE 1014
FT. WALTON BEACH, FL 32547 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DECEMBER, CHRIS
Address: 2421 88TH AVENUE N.E.
City-St-Zip: CLYDE HILL, WA 98004

Title: MGRM () Delete
Name: LEVY, CATHEY
Address: 57376 CLAIBORNE DRIVE
City-St-Zip: SLIDELL, LA 70460

Title: MGRM () Delete
Name: DECEMBER, PAM
Address: 6301 SOUTH WESTSHORE, APT. 1520
City-St-Zip: TAMPA, FL 33616

Title: MGRM () Delete
Name: GAINES, STEPHANIE
Address: 3214 TACON STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

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

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

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: CHRIS DECEMBER

MGRM

06/23/2009

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