2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123383

Entity Name: LYNCHPIN, LLC

Address:

City-St-Zip:

1543 FULLER DR

GULF BREEZE, FL 32563

FILED Mar 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5 DEL CERRO CAMINO CRESTVIEW, FL 32539 **Current Mailing Address: New Mailing Address:** 5 DEL CERRO CAMINO CRESTVIEW, FL 32539 FEI Number: 26-1556273 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HIPSH, WHITNEY 1283 NORTH EGLIN PKWY STE A SHALIMAR, FL 32579 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LYNCH, MARK Name: Name: 5 DEL CERRO CAMINO Address: Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LYNCH, JAMES Name: Address: 575 POCAHONTAS DR Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LYNCH, WILLIAM Name: Name: 227 BEACHVIEW DR Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition WILLIAMS, CATHLEEN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARK LYNCH MGRM 03/06/2009