

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123469

Entity Name: TO BE ANNOUNCED, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

5406 HOOVER BLVD
UNIT 19
TAMPA, FL 33634

Current Mailing Address:

P.O. BOX 262643
TAMPA, FL 33685

New Principal Place of Business:

7810 LAND O LAKES BLVD
UNIT 101
LAND O LAKES, FL 34638

New Mailing Address:

7810 LAND O LAKES BLVD
UNIT 101
LAND O LAKES, FL 34638

FEI Number: 26-1554733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMENAMY, REID
19208 TILOBE LOOP
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

MCMENAMY, REID
7810 LAND O LAKES BLVD
UNIT 101
LAND O LAKES, FL 34638 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HALL, CHAD P
Address: 19201 TILOBE LOOP
City-St-Zip: LAND O LAKES, FL 34638

Title: MGRM () Delete
Name: MCMENAMY, REID
Address: 19208 TILOBE LOOP
City-St-Zip: LAND O LAKES, FL 34638

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MCMENAMY, REID
Address: 7810 LAND O LAKES BLVD., UNIT 101
City-St-Zip: LAND O LAKES, FL 34638

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: REID MCMENAMY

MGRM

04/27/2009

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