

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125018

Entity Name: MYERS & TREMBLAY, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

13929 LYNMAR BLVD
TAMPA, FL 33626

New Principal Place of Business:

14220 CARLSON CIRCLE
BLDG K
TAMPA, FL 33626

Current Mailing Address:

13929 LYNMAR BLVD
TAMPA, FL 33626

New Mailing Address:

PO BOX 2068
OLSDMAR, FL 34677

FEI Number: 42-1751708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, WILLIAM A MGR
13929 LYNMAR BLVD
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

MYERS, WILLIAM A MGR
14220 CARLSON CIRCLE
BLDG K
TAMPA, FL 33626 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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TREMBLAY, THOMAS
Address: 13929 LYNMAR BLVD
City-St-Zip: TAMPA, FL 33626

Title: MGR () Delete
Name: MYERS, WILLIAM
Address: 13929 LYNMAR BLVD
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TREMBLAY, THOMAS
Address: 14220 CARLSON CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: MGR (X) Change () Addition
Name: MYERS, WILLIAM
Address: 14220 CARLSON CIRCLE
City-St-Zip: TAMPA, FL 33626

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: WILLIAM MYERS

MGR

04/15/2009

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