

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001790

FILED
Jun 04, 2009
Secretary of State

Entity Name: PD9, LLC.

Current Principal Place of Business:

795 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

1010 JEATER BEND DRIVE
CELEBRATION, FL 34747 US

Current Mailing Address:

795 LAKEVIEW DRIVE
MIAMI BEACH, FL 33140 US

New Mailing Address:

1010 JEATER BEND DRIVE
CELEBRATION, FL 34747 US

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

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: HIRSCH, PATRICIA
Address: 795 LAKEVIEW DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM (X) Delete
Name: LABAT, DENINE
Address: 795 LAKEVIEW DRIVE
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HIRSCH, PATRICIA
Address: 1010 JEATER BEND DRIVE
City-St-Zip: CELEBRATION, FL 34747 US

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: PATRICIA G HIRSCH

MGRM

06/04/2009

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