

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004374

Entity Name: THATCHER4613, LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

4606 WEST CREST AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

4613 N. THATCHER AVE.  
TAMPA, FL 33614

**Current Mailing Address:**

P.O. BOX 152858  
TAMPA, FL 33684

**New Mailing Address:**

FEI Number: 32-0232440

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELCASTRO, TIMOTHY  
4613 THATCHER  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: BELCASTRO, TIMOTHY  
Address: 4613 N. THATCHERAVE.  
City-St-Zip: TAMPA, FL 33614

Title: MR. ( ) Change (X) Addition  
Name: CUSICK, WILLIAM  
Address: 4613 N. THATCHER AVE.  
City-St-Zip: TAMPA, FL 33614

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: TIM BELCASTRO

VP

01/14/2009

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