

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000012421

FILED
May 01, 2009
Secretary of State

Entity Name: THORELL ASSOCIATES, LLC

Current Principal Place of Business:

3218 E. COLONIAL DRIVE
G
ORLANDO, FL 328035179 US

New Principal Place of Business:

1681 OVERLOOK ROAD
LONGWOOD, FL 327504573 US

Current Mailing Address:

3218 E. COLONIAL DRIVE
G
ORLANDO, FL 328035179 US

New Mailing Address:

1681 OVERLOOK ROAD
LONGWOOD, FL 327504573 US

FEI Number: 37-1560675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

THORELL, LISA
3218 E. COLONIAL DRIVE
G
ORLANDO, FL 328035179 US

Name and Address of New Registered Agent:

THORELL, LISA
1681 OVERLOOK ROAD
LONGWOOD, FL 327504573 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THORELL, LISA
Address: 3218 E. COLONIAL DRIVE SUITE G
City-St-Zip: ORLANDO, FL 328035179

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THORELL, LISA
Address: 1681 OVERLOOK ROAD
City-St-Zip: LONGWOOD, FL 327504573

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: LISA THORELL

MGRM

05/01/2009

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