

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016660

FILED
Feb 02, 2009
Secretary of State

Entity Name: TORQUED, LLC

Current Principal Place of Business:

5040 ENSIGN LOOP
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

1911 OAKMONT AVE
UNIT 13
TARPON SPRINGS, FL 34689

Current Mailing Address:

5040 ENSIGN LOOP
NEW PORT RICHEY, FL 34652

New Mailing Address:

1911 OAKMONT AVE
UNIT 13
TARPON SPRINGS, FL 34689

FEI Number: 26-1975855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, JAMES W JR.
28100 US HIGHWAY 19 NORTH, STE. 408
CLEARWATER, FL 33761 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: MGR () Delete
Name: YOUNG, JOSEPH B
Address: 5040 ENSIGN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGR () Delete
Name: PITCOCK, CHARLES F
Address: 5040 ENSIGN LOOP
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: YOUNG, JOSEPH B
Address: 1551 LINSTOCK DR
City-St-Zip: HOLIDAY, FL 34690

Title: MGR (X) Change () Addition
Name: PITCOCK, CHARLES F
Address: 3618 LATIMER ST.
City-St-Zip: NEW PORT RICHEY, FL 34652

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: JOSEPH B YOUNG

MGR

02/02/2009

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