

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017735

Entity Name: 1573, L.L.C.

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

6985 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6985 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 45-0588948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: SEIFRIED, E. WAYNE JR.
Address: 6984 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGR () Delete
Name: SEIFRIED, EDWARD
Address: 6984 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGR () Delete
Name: BAHL, ROY
Address: 6985 FIRST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: E WAYNE SEIFRIED

P

03/11/2009

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