

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024394

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: MICHELLE LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

3325 STRINGFELLOW ROAD  
SAINT JAMES CITY, FL 33956 US

**New Principal Place of Business:**

**Current Mailing Address:**

3325 STRINGFELLOW ROAD  
SAINT JAMES CITY, FL 33956 US

**New Mailing Address:**

FEI Number: 38-3783457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEDOR, ANTONI S  
3325 STRINGFELLOW ROAD  
SAINT JAMES CITY, FL 33956 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: FEDOR FAMILY LIMITED LIABILITY COMPANY  
Address: 3325 STRINGFELLOW ROAD  
City-St-Zip: SAINT JAMES CITY, FL 33956 US

Title: MGR ( ) Delete  
Name: FEDOR, ANTONI S  
Address: 3325 STRINGFELLOW ROAD  
City-St-Zip: SAINT JAMES CITY, FL 33956 US

Title: MGR ( ) Delete  
Name: FEDOR, WENDY M  
Address: 3325 STRINGFELLOW ROAD  
City-St-Zip: SAINT JAMES CITY, FL 33956 US

Title: MGR ( ) Delete  
Name: FEDOR, MICHELLE Z  
Address: 10303 LAREDO DRIVE  
City-St-Zip: AUSTIN, TX 78748 US

Title: MGR ( ) Delete  
Name: FEDOR, CYNTHIA W  
Address: 1640 VILLA CAPRI CIRCLE, #205  
City-St-Zip: ODESSA, FL 33556 US

**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:

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: FEDOR ANTONI S

MGR

04/29/2009

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