2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000026635

Entity Name: TICO'S TOOLS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

4040 DANCING CLOUD COURT
#332
DESTIN, FL 32541

New Principal Place of Business:

318 OKALOOSA ROAD
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

4040 DANCING CLOUD COURT
#332
DESTIN, FL 32541

New Mailing Address:

318 OKALOOSA ROAD
FORT WALTON BEACH, FL 32548 US

FEI Number: 83-0508381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLOCUMB, CHRISTINA C
4040 DANCING CLOUD CT.
332
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

SLOCUMB, CHRISTINA C
318 OKALOOSA ROAD
FORT WALTON BEACH, FL 32548 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: 04/30/2009
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: MGRM ( ) Change (X) Addition
Name: SLOCOMB, CHRISTINA C
Address: 318 OKALOOSA ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGRM ( ) Change (X) Addition
Name: GONZALEZ, JONATHAN L
Address: 318 OKALOOSA ROAD
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: CHRISTNA C. SLOCOMB MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date