

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026664

FILED
Apr 30, 2009
Secretary of State

Entity Name: AXIOS MANAGEMENT, PL

Current Principal Place of Business:

26 OAK BROOK DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

26 OAK BROOK DRIVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 26-2171517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, DONALD S
444 SEABREEZE BLVD
SUITE 625
DAYTONA BEACH, FL 32118 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: GAHAGAN, WILLIAM M
Address: 26 OAK BROOK DRIVE
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Delete
Name: GAHAGAN, SAM N
Address: 2204 B SOUTH PENINSULA
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: MGR () Delete
Name: CARRATT, PETER D
Address: 3019 W AZEELE STREET
City-St-Zip: TAMPA BAY, FL 33609 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GAHAGAN, SAM N
Address: 2204 B SOUTH PENINSULA
City-St-Zip: DAYTONA BEACH, FL 32118 US

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: WILLIAM M. GAHAGAN

MGR

04/30/2009

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