

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033533

Entity Name: 12TOASTERS, LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

2108 S CYPRESS BEND DRIVE #206
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

2108 S CYPRESS BEND DRIVE #206
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, SHANNON K
2108 S. CYPRESS BEND DRIVE #206
POMPANO BEACH, FL 33069 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: MGRM () Delete
Name: POWELL, SHANNON K
Address: 2108 S CYPRESS BEND DR #206
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM () Delete
Name: NEDERLANDEN, MATTHEW A
Address: 2500 NE 23 ST
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGRM (X) Delete
Name: LEON, ALBERT J
Address: 215 EAST 4TH STREET SUITE 20
City-St-Zip: NEW YORK, NY 10009 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:

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: MATTHEW NEDERLANDEN

MGRM

01/19/2009

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