

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000041583

**FILED**  
**Jul 22, 2009**  
**Secretary of State**

**Entity Name:** 641 WEST MICHIGAN STREET, LLC

**Current Principal Place of Business:**

5329 ISLEWORTH COUNTRY CLUB DRIVE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

1515 BRIERCLIFF DR  
ORLANDO, FL 32806 US

**Current Mailing Address:**

5329 ISLEWORTH COUNTRY CLUB DRIVE  
WINDERMERE, FL 34786

**New Mailing Address:**

1515 BRIERCLIFF DR  
ORLANDO, FL 32806 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MOORE, CECIL D  
5329 ISLEWORTH COUNTRY CLUB DRIVE  
WINDERMERE, FL 34786 US

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

MOORE, CECIL D  
1515 BRIERCLIFF DR.  
ORLANDO, FL 32806 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:

07/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOORE, CECIL D  
Address: 5329 ISLEWORTH COUNTRY CLUB DRIVE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOORE, CECIL D  
Address: 1515 BRIERCLIFF DR.  
City-St-Zip: ORLANDO, FL 32806

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: CECIL D. MOORE

MGR

07/22/2009

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