

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043108

Entity Name: WITHOUT A TRACE, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

18307 WHITE FANG COURT
PARRISH, FL 34219

New Principal Place of Business:

15611 29TH ST. EAST
PARRISH, FL 34219

Current Mailing Address:

18307 WHITE FANG COURT
PARRISH, FL 34219

New Mailing Address:

15611 29TH ST. EAST
PARRISH, FL 34219

FEI Number: 26-2661301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECKERSEN, WALTER D
18307 WHITE FANG COURT
PARRISH, FL 34219 US

Name and Address of New Registered Agent:

ECKERSEN, WALTER D
15611 29TH ST. EAST
PARRISH, FL 34219 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: WALTER D ECKERSEN

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ECKERSEN, WALTER D
Address: 18307 WHITE FANG COURT
City-St-Zip: PARRISH, FL 34219

Title: MGR () Delete
Name: ECKERSEN, KELLY J
Address: 18307 WHITE FANG COURT
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ECKERSEN, WALTER D
Address: 15611 29TH ST. EAST
City-St-Zip: PARRISH, FL 34219

Title: MGR (X) Change () Addition
Name: ECKERSEN, KELLY J
Address: 15611 29TH ST. EAST
City-St-Zip: PARRISH, FL 34219

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: WALTER D ECKERSEN

MGR.

04/08/2009

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