

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046093

Entity Name: GNOMUS GROUP, LLC

FILED  
Aug 21, 2009  
Secretary of State

**Current Principal Place of Business:**

4562 PRAVER DR  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

4562 PRAVER DR N  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

4562 PRAVER DR  
JACKSONVILLE, FL 32217

**New Mailing Address:**

4562 PRAVER DR N  
JACKSONVILLE, FL 32217

FEI Number: 26-2596326      FEI Number Applied For ( )      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:**

DERBY, ROBERT J  
4562 PRAVER DR  
JACKSONVILLE, FL 32217      US

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

DERBY, ROBERT J  
4562 PRAVER DR N  
JACKSONVILLE, FL 32217      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: \_\_\_\_\_

08/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: DERBY, ROBERT J  
Address: 4562 PRAVER DR  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: DERBY, ROBERT J  
Address: 4562 PRAVER DR N  
City-St-Zip: JACKSONVILLE, FL 32217

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: ROBERT J DERBY JR

MGRM

08/21/2009

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