

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052049

Entity Name: PHOENIX MAINTENACE LLC

FILED  
Feb 20, 2009  
Secretary of State

## Current Principal Place of Business:

53 TARPON BASIN DR.  
KEY LARGO, FL 33037

## New Principal Place of Business:

90071 OLD HWY  
APT #3  
TAVERNIER, FL 33070

## Current Mailing Address:

P.O. BOX 1852  
TAVARNIER, FL 33070

## New Mailing Address:

FEI Number: 80-0192604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIERSON, MARTY  
53 TARPON BASIN DR.  
KEY LARGO, FL 33037 US

## Name and Address of New Registered Agent:

RIERSON, MARTY  
90071 OLD HWY  
APT #3  
TAVERNIER, FL 33070 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:

02/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RIERSON, MARTY  
Address: 53 TARPON BASIN DR.  
City-St-Zip: KEY LARGO, FL 33037

Title: MGRM ( ) Delete  
Name: STEELE, RYAN  
Address: 53 TARPON BASIN DR.  
City-St-Zip: KEY LARGO, FL 33037

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: RIERSON, MARTY  
Address: 90071 OLD HWY APT #3  
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM (X) Change ( ) Addition  
Name: RIERSON, TERESA  
Address: 87425 OLD HWY LOT#62  
City-St-Zip: ISLAMORADA, FL 33036

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: MARTY RIERSON

MGR

02/20/2009

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