

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052680

FILED
Aug 27, 2009
Secretary of State

Entity Name: CORE MARKET RESEARCH, LLC

Current Principal Place of Business:

5422 PEDRICK CROSSING AVENUE
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

3465 SALTASH LANE
TALLAHASSEE, FL 32317 US

New Mailing Address:

5390 PEDRICK CROSSING DRIVE
TALLAHASSEE, FL 32317 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODIFORD, SAMANTHA A
3465 SALTASH LANE
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

BODIFORD, CASE A
5390 PEDRICK CROSSING DRIVE
TALLAHASSEE, FL 32317 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: CASE A BODIFORD

08/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLEWELT, KENNETH
Address: 5422 PEDRICK CROSSING AVENUE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGRM () Delete
Name: BODIFORD, CASE A
Address: 3465 SALTASH LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BODIFORD, CASE A
Address: 5390 PEDRICK CROSSING DRIVE
City-St-Zip: TALLAHASSEE, FL 32317 US

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: CASE A BODIFORD

MR.

08/27/2009

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