

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060567

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: MYAH TAYLOR, LLC

**Current Principal Place of Business:**

5364 WHITTEN DRIVE  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10021  
NAPLES, FL 34101 US

**New Mailing Address:**

FEI Number: 26-2858157      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:**

TAYLOR, DORIS R  
PO BOX 10021  
NAPLES, FL 34101 US

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

TAYLOR, DORIS R  
5364 WHITTEN DR.  
NAPLES, FL 34104 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: DORIS R. TAYLOR

06/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GATTONI, CAMILA  
Address: PO BOX 10021  
City-St-Zip: NAPLES, FL 34101 US

Title: MGRM ( ) Delete  
Name: TAYLOR, DORIS R  
Address: PO BOX 10021  
City-St-Zip: NAPLES, FL 34101 US

Title: MGR ( ) Delete  
Name: TAYLOR, MYAH  
Address: PO BOX 10021  
City-St-Zip: NAPLES, FL 34101 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, DORIS R  
Address: P.O. BOX 10021  
City-St-Zip: NAPLES, FL 34101 US

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

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: DORIS R. TAYLOR

MGRM

06/16/2009

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