

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061528

FILED
Aug 02, 2009
Secretary of State

Entity Name: MARGIN OF ERROR, LLC

Current Principal Place of Business:

2877 PARK SQUARE PLACE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

3391 S FLETCHER AVE
FERNANDINA BEACH, FL 32034

Current Mailing Address:

2877 PARK SQUARE PLACE
FERNANDINA BEACH, FL 32034

New Mailing Address:

3391 S FLETCHER AVE
FERNANDINA BEACH, FL 32034

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

BEATTIE, DAVID
2877 PARK SQUARE PLACE
FERNANDINA BEACH, FL 32034 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEATTIE, DAVID
Address: 2877 PARK SQUARE PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Delete
Name: BEATTIE, ROBIN
Address: 2877 PARK SQUARE PLACE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Delete
Name: DOOLEY, BRYAN
Address: 95089 BUCKEYE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Delete
Name: DOOLEY, DIA
Address: 95089 BUCKEYE COURT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM () Delete
Name: RYNER, MARGARET
Address: 1219 S FOREST DRIVE
City-St-Zip: ARLINGTON, VA 22204

Title: MGRM () Delete
Name: FERM, DENNIS
Address: 1219 S FOREST DRIVE
City-St-Zip: ARLINGTON, VA 22204

ADDITIONS/CHANGES:

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

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

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

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

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

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: DAVID A BEATTIE

MR

08/02/2009

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