

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061537

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** B.T. POST LLC

**Current Principal Place of Business:**

17150 LAKE SHORE ROAD  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 273897  
TAMPA, FL 33688

**New Mailing Address:**

P.O. BOX 341431  
TAMPA, FL 33694

**FEI Number:** 04-3523567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINES, JAMES P JR.  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 US

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

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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MITCHELL, BROOKS MGR  
Address: P.O. BOX 341431  
City-St-Zip: TAMPA, FL 33694

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:** BROOKS MITCHELL

MGR

04/07/2009

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