

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063546

FILED
Jan 18, 2009
Secretary of State

Entity Name: MY OWN SIN, LLC

Current Principal Place of Business:

5564 RAINEY AVENUE SOUTH
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

5564 RAINEY AVENUE SOUTH
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 30-0494307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSS, DANIELLE R
5564 RAINEY AVENUE SOUTH
ORANGE PARK, FL 32065 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: MGR () Delete
Name: ROSS, DANIELLE R
Address: 5564 RAINEY AVENUE SOUTH
City-St-Zip: ORANGE PARK, FL 32065

Title: MGR () Delete
Name: ROSS, PHILLIP J
Address: 5564 RAINEY AVENUE SOUTH
City-St-Zip: ORANGE PARK, FL 32065

Title: MGR () Delete
Name: BAKER, ELIZABETH S
Address: 1043 EAST BURNS ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR () Delete
Name: KEMPLIN, MICHAEL J
Address: 1886 MACKENZIE COURT SOUTH
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGR () Delete
Name: WILKINS, RYAN T
Address: 198 ARORA BOULEVARD, APT. 1403
City-St-Zip: ORANGE PARK, FL 32073

Title: MGR (X) Delete
Name: PALMER, NATHAN R
Address: 1148 TUMBLEWEED DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PALMER, NATHAN R
Address: 1148 TUMBLEWEED DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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: DANIELLE ROSS

MGR

01/18/2009

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