# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000064910

**Entity Name:** THE TRUELOVE GROUP, LLC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 711 MOSSYROCK AVE.<br>WINTER GARDEN, FL  34787 | |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 711 MOSSYROCK AVE.<br>WINTER GARDEN, FL  34787 | |

FEI Number: 26-2916140          FEI Number Applied For ( )          FEI Number Not Applicable ( )          Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| TRUELOVE, KIMBERLY A<br>5415 RUTLAND CT.<br>ORLANDO, FL  32812    US | TRUELOVE, KIMBERLY A<br>711 MOSSYROCK AVENUE<br>WINTER GARDEN, FL  34787    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:  KIMBERLY A. TRUELOVE                                             04/12/2009

           Electronic Signature of Registered Agent                                             Date

**MANAGING MEMBERS/MANAGERS:**                                             **ADDITIONS/CHANGES:**

| Title: | MGR          ( ) Delete | Title: | ( ) Change ( ) Addition |
|---|---|---|---|
| Name: | TRUELOVE, BRYAN | Name: | |
| Address: | 711 MOSSYROCK AVE. | Address: | |
| City-St-Zip: | WINTER GARDEN, FL  34787 | City-St-Zip: | |

| Title: | MGR          ( ) Delete | Title: | ( ) Change ( ) Addition |
|---|---|---|---|
| Name: | TRUELOVE, KIMBERLY A | Name: | |
| Address: | 711 MOSSYROCK AVE. | Address: | |
| City-St-Zip: | WINTER GARDEN, FL  34787 | 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:  KIMBERLY A. TRUELOVE                                 MGR                     04/12/2009

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