

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065100

Entity Name: MY TIES INVESTORS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

305 NW EMILIA WAY
JENSEN BEACH, FL 34957 US

New Principal Place of Business:

Current Mailing Address:

305 NW EMILIA WAY
JENSEN BEACH, FL 34957 US

New Mailing Address:

FEI Number: 80-0215968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, CINDY L
305 NW EMILIA WAY
JENSEN BEACH, FL 34957 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: MGRM () Delete
Name: O'CONNOR, CINDY L
Address: 305 NW EMILIA WAY
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: MGRM () Delete
Name: AUFORT, ROY H
Address: 1293 NW RIVER TERRACE
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: GEORGE, SIGRID I
Address: 1293 NW RIVER TERRACE
City-St-Zip: STUART, FL 34994 US

Title: MGRM () Delete
Name: O'CONNOR, JOHN J
Address: 1403 SW GREENS POINTE WAY
City-St-Zip: PALM CITY, FL 34990 US

Title: MGRM () Delete
Name: AUFORT, LEROY E
Address: 2600 SOUTH KANNER HWY Y-6
City-St-Zip: STUART, FL 34994 US

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: () 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: CINDY L O'CONNOR

MGRM

04/29/2009

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