

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074542

Entity Name: TYREL SYSTEMS, LLC

FILED
May 14, 2009
Secretary of State

Current Principal Place of Business:

4400 N. PENNYCRESS PLACE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

2370 W. CLOVELLY LANE
ST. AUGUSTINE, FL 32092 US

Current Mailing Address:

4400 N. PENNYCRESS PLACE
JACKSONVILLE, FL 32259 US

New Mailing Address:

2370 W. CLOVELLY LANE
ST. AUGUSTINE, FL 32092 US

FEI Number: 80-0234981 FEI Number Applied For () 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:

WILES, CAROL
4400 N. PENNYCRESS PLACE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

WILES, CAROL
2370 W. CLOVELLY LANE
ST. AUGUSTINE, FL 32092 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: CAROL WILES

05/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILES, CAROL
Address: 4400 N. PENNYCRESS PLACE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGR () Delete
Name: BOSCH, LISA
Address: 445 SR 13 N. #26 PMB 203
City-St-Zip: JACKSONVILLE, FL 32259 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILES, CAROL
Address: 2370 W. CLOVELLY LANE
City-St-Zip: ST. AUGUSTINE, FL 32092 US

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

Title: MGRM () Change (X) Addition
Name: LANKFORD, NATALIE A
Address: 2370 W. CLOVELLY LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: CAROL WILES

MS.

05/14/2009

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