

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077897

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** PIERCE HOME TECHNOLOGIES "LLC"

**Current Principal Place of Business:**

843 EAST RED HOUSE BRANCH ROAD  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

78 B MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 US

**Current Mailing Address:**

843 EAST RED HOUSE BRANCH ROAD  
SAINT AUGUSTINE, FL 32084 US

**New Mailing Address:**

78 B MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 US

**FEI Number:** 26-3364042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERCE, WILLIAM L  
843 EAST RED HOUSE BRANCH ROAD  
SAINT AUGUSTINE, FL 32084 US

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

PIERCE, WILLIAM L  
78 B MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 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: WILLIAM L. PIERCE

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: OWNE ( ) Change (X) Addition  
Name: PIERCE, WILLIAM L OWNER  
Address: 843 EAST RED HOUSE BRANCH RD  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

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: WILLIAM L. PIERCE

OWNE

04/30/2009

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