

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078551

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: TWA FOU BLAN MOUN, LLC

**Current Principal Place of Business:**

25240 COUNTY RD 121  
HILLIARD, FL 32046 US

**New Principal Place of Business:**

**Current Mailing Address:**

25240 COUNTY RD 121  
HILLIARD, FL 32046 US

**New Mailing Address:**

FEI Number: 26-3185355      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARTLEY, CLINT  
25240 COUNTY RD 121  
HILLIARD, FL 32046 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: GRAHAM, CLIFF  
Address: 308 DRIFTWOOD RD  
City-St-Zip: NEPTUNE BEACH, FL 32266 US

Title: MGRM ( ) Delete  
Name: HARTLEY, CLINT  
Address: 25240 COUNTY RD 121  
City-St-Zip: HILLIARD, FL 32046 US

Title: MGRM ( ) Delete  
Name: BRICKELL, KLAY  
Address: 3601 TROUT RIVER BLVD  
City-St-Zip: JACKSONVILLE, FL 32208 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:

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: CLINT HARTLEY

PRES

02/20/2009

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