

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079856

FILED
Mar 09, 2009
Secretary of State

Entity Name: MAIL THIS, L.L.C.

Current Principal Place of Business:

4425 SW 18TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

2481 DEL PRADO BLVD N
#107
CAPE CORAL, FL 33909

Current Mailing Address:

4425 SW 18TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

2481 DEL PRADO BLVD N
#107
CAPE CORAL, FL 33909

FEI Number: 26-3378394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURRAY, MARTIN
4425 SW 18TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

MURRAY, JANE
2481 DEL PRADO BLVD N
#107
CAPE CORAL, FL 33914 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: JANE MURRAY

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MURRAY, MARTIN
Address: 4425 SW 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR () Delete
Name: MURRAY, JANE
Address: 4425 SW 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MURRAY, JANE
Address: 2481 DEL PRADO BLVD N #107
City-St-Zip: CAPE CORAL, FL 33909

Title: MGR (X) Change () Addition
Name: MURRAY, MARTIN
Address: 2481 DEL PRADO BLVD N
City-St-Zip: CAPE CORAL, FL 33909

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: JANE MURRAY

MRS.

03/09/2009

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