

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# L08000082627

Entity Name: MEGATEAM, LLC

**Current Principal Place of Business:**

201 MAC'S LANE  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

201 MAE'S LANE  
DEFUNIAK SPRINGS, FL 32433

**Current Mailing Address:**

201 MAC'S LANE  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

201 MAE'S LANE  
DEFUNIAK SPRINGS, FL 32433

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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:**

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

PETERS, MARIE  
201 MAC'S LANE  
DEFUNIAK SPRINGS, FL 32433    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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      PETERS, MARIE  
Address:                      201 MAC'S LANE  
City-St-Zip:                      DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES:**

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: MARIE B PETERS

MRS

05/01/2009

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