

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085521

FILED
Aug 28, 2009
Secretary of State

Entity Name: TILATA SALES GROUP LLC

Current Principal Place of Business:

4915 KING PALM CIRCLE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

4915 KING PALM CIRCLE
BOYNTON BEACH, FL 33436

New Mailing Address:

FEI Number: 01-0915266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

VARN, G. WRIGHT SR.
4915 KING PALM CIRCLE
BOYNTON BEACH, FL 33436 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: VARN, G. WRIGHT SR.
Address: 4915 KING PALM CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGRM () Delete
Name: VARN, LUANNE H
Address: 4915 KING PALM CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VARN, G. WRIGHT SR.
Address: 4915 KING PALM CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR (X) Change () Addition
Name: VARN, LUANNE H
Address: 4915 KING PALM CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

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: G. WRIGHT VARN, SR.

MGRM

08/28/2009

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