

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091970

Entity Name: TEACMARE GROUP, LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

19126 SUNTERRA DR.  
LAND O LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1397  
LAND O LAKES, FL 34639

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHAN, PHIL T  
19126 SUNTERRA DR  
LAND O LAKES, FL 34638 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: PHAN, PHIL T  
Address: 19126 SUNTERRA DR  
City-St-Zip: LAND O LAKES, FL 34638

Title: MGRM ( ) Delete  
Name: LE, MARIA N  
Address: 19126 SUNTERRA DR.  
City-St-Zip: LAND O LAKES, FL 34638

Title: MGRM ( ) Delete  
Name: BRANDON, JUSTIN  
Address: 6149 PENNSYLVANIA AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

**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: PHIL PHAN

MGRM

01/14/2009

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