

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097193

Entity Name: TAYKAY, LLC

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

531 S. ECON CIRCLE, SUITE 1005  
OVIEDO, FL 32765

## New Principal Place of Business:

531 S. ECON CIRCLE,  
SUITE 1005  
OVIEDO, FL 32765

## Current Mailing Address:

531 S. ECON CIRCLE, SUITE 1005  
OVIEDO, FL 32765

## New Mailing Address:

531 S. ECON CIRCLE,  
SUITE 1005  
OVIEDO, FL 32765

FEI Number: 35-2348234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SONNENSCHIN, MICHAEL D  
1420 ALAFAYA TRAIL, SUITE 101  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

DUBECK, KATHLEEN  
2017 DEBORAH DR  
ORLANDO, FL 32817 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: KATHLEEN DUBECK

02/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: POWERS, ELIZABETH  
Address: 531 S. ECON CIRCLE, SUITE 1005  
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete  
Name: POWERS, PATRICK  
Address: 531 S. ECON CIRCLE, SUITE 1005  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES:

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: ELIZABETH POWERS

MGRM

02/05/2009

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