

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105544

FILED  
Aug 30, 2009  
Secretary of State

Entity Name: MATHENY & ASSOCIATES LLC

**Current Principal Place of Business:**

7122 EAST FOWLER AVE.  
TEMPLE TERRACE, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

7122 EAST FOWLER AVE.  
TEMPLE TERRACE, FL 33617 US

**New Mailing Address:**

FEI Number: 26-3707329      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

COOPERS COMPLETE CABINETS N' THINGS INC.  
4506 W. FERN  
TAMPA, FL 33614 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: MGRM ( ) Delete  
Name: MATHENY, CINDY  
Address: 9903 RAMSHORN ST.  
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: MGRM ( ) Delete  
Name: MATHENY, JERRY  
Address: 9903 RAMSHORN ST.  
City-St-Zip: THONOTOSASSA, FL 33592 US

**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: JERRY MATHENY

MGR

08/30/2009

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