

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105660

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** SALE-LEASEBACK SPECIALISTS, LLC

**Current Principal Place of Business:**

1620 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1620 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 26-3693342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALSHAW, LARRY E TRUSTEE  
90 OCEAN BREEZE DRIVE  
ATLANTIC BEACH, FL 32233 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: MGR ( ) Delete  
Name: LARRY E. WALSHAW LIV, ING TRUST  
Address: 90 OCEAN BREEZE DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: MGR ( ) Delete  
Name: DAVIS, JOHN C  
Address: 4930 MORVEN ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

**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: LARRY WALSHAW

PART

01/13/2009

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