

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108501

FILED
Jun 25, 2009
Secretary of State

Entity Name: GETZEMDUN ABSTRACTING LLC

Current Principal Place of Business:

12044 COLONY LAKES BLVD.
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

12044 COLONY LAKES BLVD.
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 26-3776120 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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

GOODMAN, MARTIN MGR
12044 COLONY LAKES BLVD
NEWPORT RICHEY, FL 34654 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: MARTIN GOODMAN

06/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOODMAN, MARTIN
Address: 12044 COLONY LAKES BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: MGR () Delete
Name: GOODMAN, TYRON
Address: 12044 COLONY LAKES BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34654 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: TYRON GOODMAN

MGR

06/25/2009

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