

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110053

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: A CUSTOM TOUCH BY YORDY L.L.C.

**Current Principal Place of Business:**

10635 FOX SQUARE LANE  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

10635 FOX SQUIRREL LANE  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10635 FOX SQUARE LANE  
JACKSONVILLE, FL 32257

**New Mailing Address:**

10635 FOX SQUIRREL LANE  
JACKSONVILLE, FL 32257

FEI Number: 94-3456154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YORDY, NATHAN  
10635 FOX SQUARE LANE  
JACKSONVILLE, FL 32257 US

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

YORDY, NATHAN  
10635 FOX SQUIRREL LANE  
JACKSONVILLE, FL 32257 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:

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: YORDY, NATHAN  
Address: 10635 FOX SQUARE LANE  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: YORDY, NATHAN  
Address: 10635 FOX SQUIRREL LANE  
City-St-Zip: JACKSONVILLE, FL 32257

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: NATHAN YORDY

MR.

02/04/2009

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