

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094909

**FILED**  
**Aug 27, 2012**  
**Secretary of State**

**Entity Name:** EXPREZITI! CONVENIENCE STORES 2009, LLC

**Current Principal Place of Business:**

548 MARY ESTHER CUTOFF  
PMB #286  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

548 MARY ESTHER CUTOFF  
PMB #286  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

548 MARY ESTHER CUTOFF  
PMB #286  
FORT WALTON BEACH, FL 32548 UN

**FEI Number:** 27-1034172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWD LAW FIRM, P.A  
285 HARBOR BLVD.  
SUITE A  
DESTIN, FL 32541 US

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

SEYMOUR, TROY D  
548 MARY ESTHER CUTOFF PMB286  
FORT WALTON BEACH, FL 32548 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:** TROY D. SEYMOUR

08/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SEYMOUR, TROY D  
**Address:** 548 MARY ESTHER CUTOFF PMB 286  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

I hereby 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:** TROY D. SEYMOUR

MGR

08/27/2012

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