

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000689

**FILED**  
**Feb 15, 2009**  
**Secretary of State**

**Entity Name:** THOMAS D. DONALD CO., LLC

**Current Principal Place of Business:**

1117 SNYDER RD.  
WEST LAWN, PA 196091100

**New Principal Place of Business:**

1117 SNYDER RD.  
WEST LAWN, PA 196091100 US

**Current Mailing Address:**

1117 SNYDER RD.  
WEST LAWN, PA 196091100

**New Mailing Address:**

1117 SNYDER RD.  
WEST LAWN, PA 196091100 US

FEI Number: 23-3073753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, STE. 4  
WESTON, FL 33331 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: MGRM ( ) Delete  
Name: DONALD, THOMAS D  
Address: 31011 STONE ARCH AVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DONALD, THOMAS D  
Address: 31011 STONE ARCH AVE  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

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: THOMAS D. DONALD

MGRM

02/15/2009

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