

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002509

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** TECOMATE PROPERTIES, LLC

**Current Principal Place of Business:**

4010 W. COMMONS DRIVE, SUITE 100  
DESTIN, FL 32541

**New Principal Place of Business:**

4100 LEGENDARY DR  
SUITE 210  
DESTIN, FL 32541

**Current Mailing Address:**

4010 W. COMMONS DRIVE, SUITE 100  
DESTIN, FL 32541

**New Mailing Address:**

4100 LEGENDARY DR  
SUITE 210  
DESTIN, FL 32541

**FEI Number:** 20-5654034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLSON, CARL RICHARD JR.  
4010 W. COMMONS DRIVE, SUITE 100  
DESTIN, FL 32541 US

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

OLSON, CARL RICHARD JR.  
4100 LEGENDARY DRIVE SUITE 210  
DESTIN, FL 32541 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:**

02/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** OLSON, CARL RICHARD JR.  
**Address:** 4010 W. COMMONS DRIVE, SUITE 100  
**City-St-Zip:** DESTIN, FL 32541

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** OLSON, CARL RICHARD JR.  
**Address:** 4100 LEGENDARY DRIVE SUITE 210  
**City-St-Zip:** DESTIN, FL 32541

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:** CARL R OLSON JR

MGR

02/13/2009

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