

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004036

**FILED**  
**Feb 11, 2009**  
**Secretary of State**

**Entity Name:** TERAMORE DEVELOPMENT, LLC

**Current Principal Place of Business:**

6200 DILLON RD  
THOMASVILLE, GA 31757

**New Principal Place of Business:**

**Current Mailing Address:**

6200 DILLON RD  
THOMASVILLE, GA 31757

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MATHEWS, MATT ATTY  
MATHEWS LAW FIRM, P.A.  
277 PINEWOOD DR  
TALLAHASSEE, FL 32303 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: HUFSTETLER, STEVE  
Address: 6200 DILLON RD  
City-St-Zip: THOMASVILLE, GA 31757

Title: MGR ( ) Delete  
Name: MATHEWS, MATT  
Address: 277 PINEWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32303

**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: JOSHUA STEVEN HUFSTETLER                      MGR                      02/11/2009

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