2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# M98000001540

Entity Name: 274539, LLC

Current Principal Place of Business:

5120 WEST CLIFTON STREET
TAMPA, FL 33634

New Principal Place of Business:

979 BATESVILLE RD
GREER, SC 29651

Current Mailing Address:

979 BATESVILLE ROAD
GREER, SC 29651

New Mailing Address:

979 BATESVILLE RD
GREER, SC 29651

FEI Number: 58-1960216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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:	MALLMANN, JEANENE M	
Address:	5120 WEST CLIFTON STREET	
City-St-Zip:	TAMPA, FL 33684	
Title:	MGRM	( ) Delete
Name:	POWELL, MARTIN L	
Address:	979 BATESVILLE ROAD	
City-St-Zip:	GREER, SC 29651	
Title:	MGRM	( ) Delete
Name:	VAN LIERE, JAYNE	
Address:	5120 WEST CLIFTON STREET	
City-St-Zip:	TAMPA, FL 33634	
Title:	MGRM	( ) Delete
Name:	NEWMAN, LAUREL	
Address:	5120 WEST CLIFTON STREET	
City-St-Zip:	TAMPA, FL 33634	
Title:	MGR	( ) Delete
Name:	FAULKNER, DUANE H	
Address:	979 BATESVILLE ROAD	
City-St-Zip:	GREER, SC 29651	
Title:	MGR	( ) Delete
Name:	HAMILTON, CARA	
Address:	979 BATESVILLE ROAD	
City-St-Zip:	GREER, SC 29651	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	LOVE, DAVID	
Address:	979 BATESVILLE ROAD	
City-St-Zip:	GREER, SC 29651	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	WELLS, ALLAN	
Address:	979 BATESVILLE RD	
City-St-Zip:	GREER, SC 29651	
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: ALLAN WELLS MGR 02/16/2009

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