

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020262

FILED
Sep 23, 2009
Secretary of State

Entity Name: THE EASTERLY COMPANY, LLC

Current Principal Place of Business:

106 HOLYOKE DRIVE
WASHINGTON, NC 27889 US

New Principal Place of Business:

Current Mailing Address:

106 HOLYOKE DRIVE
WASHINGTON, NC 27889 US

New Mailing Address:

FEI Number: 20-3288530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GUEST, JAMES A
50 S.E. KINDRED ST.
STUART, FL 34994 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PGM () Delete
Name: GIBBONS, ROBERT
Address: 106 HOLYOKE DRIVE
City-St-Zip: WASHINGTON, NC 27889

Title: MGRM () Delete
Name: GIBBONS, ROBERT
Address: 106 HOLYOKE DRIVE
City-St-Zip: WASHINGTON, NC 27889 US

Title: MGR () Delete
Name: GIBBONS, BRENDA P
Address: 106 HOLYOKE DRIVE
City-St-Zip: WASHINGTON, NC 27889 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT GIBBONS

MR.

09/23/2009

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