

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 04, 2009  
Secretary of State

DOCUMENT# L03000042219

Entity Name: ANNABELLA'S, LLC

**Current Principal Place of Business:**

1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407 US

**New Principal Place of Business:**

**Current Mailing Address:**

1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407 US

**New Mailing Address:**

FEI Number: 20-0353676      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:**

WOOD, FRANK JR.  
1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407 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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: WOOD, FRANK JR.  
Address: 1815 TURNER WOOD LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

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

Title: MGRM ( ) Delete  
Name: WOOD, VALORIE  
Address: 1815 TURNER WOOD LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

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

Title: MGRM ( ) Delete  
Name: WILBUR T. LEDMAN AS TRUSTEE OF THE WILBUR  
Address: 3614 PRESERVE BLVD.  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

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

Title: MGRM ( ) Delete  
Name: REED, MIKE  
Address: 500 W. 19TH STREET  
City-St-Zip: PANAMA CITY, FL 32405 US

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

Title: MGRM ( ) Delete  
Name: REED, MYRA  
Address: 500 W. 19TH STREET  
City-St-Zip: PANAMA CITY, FL 32405 US

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: FRANK WOOD JR.

MGRM

05/04/2009

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