

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023767

**FILED**  
**Aug 25, 2009**  
**Secretary of State**

**Entity Name:** ESTATE OF MABEL BURLISON, L.L.C.

**Current Principal Place of Business:**

1255 HWY. 395 NORTH  
POINT WASHINGTON, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1212  
EAST HAMPTON, NY 11937

**New Mailing Address:**

**FEI Number:** 59-7217831      **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:**

GREEN, WILLIAM H  
664 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435      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:            MGR            ( ) Delete  
Name:            MATTAIR, JACK  
Address:        12 POPLAR ST PO BOX 1212  
City-St-Zip:    EAST HAMPTON, NY 11937

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            MATTAIR, JACK  
Address:        PO BOX 1212  
City-St-Zip:    EAST HAMPTON, NY 11937

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: JACK MATTIR

MGR

08/25/2009

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