

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
May 01, 2009  
Secretary of State

DOCUMENT# L06000049193

Entity Name: DEAD END FARMS, LLC

**Current Principal Place of Business:**

1639 CLARK ROAD  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

2614 HASTINGS DRIVE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

P.O. BOX 3681  
TALLAHASSEE, FL 323153681 US

FEI Number: 16-1759567      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:**

PITTMAN, SUSAN E  
2614 HASTINGS DRIVE  
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: MGR      ( ) Delete  
Name: PITTMAN, HAROLD D  
Address: 1639 CLARK ROAD  
City-St-Zip: MONTICELLO, FL 32344

Title: MGR      ( ) Delete  
Name: PITTMAN, SUSAN E  
Address: 2614 HASTINGS DRIVE  
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: SUSAN E. PITTMAN

MGR

05/01/2009

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