

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061591

**FILED
Apr 21, 2009
Secretary of State**

Entity Name: CODY CRIPE LLC

Current Principal Place of Business:

199 CURTIS MILL ROAD
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 253
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRIPE, CODY
199 CURTIS MILL ROAD
SOPCHOPPY, FL 32358 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: CRIPE, CODY
Address: P.O. BOX 253
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES:

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: CODY CRIPE

MGRM

04/21/2009

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