

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009175

Entity Name: HARRELL & STINE LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

1821 CYPRESS POINT ROAD
OCALA, FL 34472 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 832073
OCALA, FL 34483 US

New Mailing Address:

PO BOX 772842
OCALA, FL 34477 US

FEI Number: 26-1821557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STINE, JAMES R
1821 CYPRESS POINT RD
OCALA, FL 34472 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: STINE, JAMES R
Address: 1821 CYPRESS POINT RD
City-St-Zip: Ocala, FL 34472 US

Title: MGRM () Delete
Name: HARRELL, TOMMY A
Address: 1821 CYPRESS POINT RD
City-St-Zip: Ocala, FL 34472 US

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: JAMES R STINE

MGRM

01/16/2009

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