

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003170

Entity Name: HUXTED, L.L.C.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

3208 17 STREET EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

3208 17 STREET EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-0887103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802-11TH STREET WEST
BRADENTON, FL 34205 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: HUXTED, DWAYNE R
Address: 3208 17 STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: MGR () Delete
Name: HUXTED, RUTH
Address: 3208 17 STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: MGR (X) Delete
Name: HUXTED, KIMBERLY
Address: 3208 17 STREET EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HUXTED, RUTH
Address: 3208 17TH STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: MGR (X) Change () Addition
Name: HUXTED, KIMBERLY
Address: 3208 17 STREET EAST
City-St-Zip: PALMETTO, FL 34221

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: KIMBERLY D HUXTED

MGR

04/16/2009

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