

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000469

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: CATHERINE F. ACKERMAN P.L.

**Current Principal Place of Business:**

500 NE 8TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

500 NE 8TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

FEI Number: 59-3618406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACKERMAN, CATHERINE F  
500 NE 8TH AVENUE  
OCALA, FL 34470 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: ACKERMAN, CATHERINE F  
Address: 500 NE 8TH AVENUE  
City-St-Zip: Ocala, FL 34470

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ACKERMAN, CATHERINE F MGR  
Address: 500 NE 8TH AVENUE  
City-St-Zip: Ocala, FL 34470

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: CATHERINE F. ACKERMAN

MGR

03/19/2009

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