

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002873

Entity Name: GAYLON BLACK, LLC

FILED  
Mar 28, 2009  
Secretary of State

**Current Principal Place of Business:**

138 SPRING VALLEY LOOP  
ALTAMONTE SPRINGS, FL 327141547

**New Principal Place of Business:**

138 SPRING VALLEY LOOP  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

P.O. BOX 161547  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

P.O. BOX 161547  
ALTAMONTE SPRINGS, FL 32716

FEI Number: 59-3639594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLACK, GAYLON  
138 SPRING VALLEY LOOP  
ALTAMONTE SPRINGS, FL 32714 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: BLACK, GAYLON  
Address: 138 SPRING VALLEY LOOP  
City-St-Zip: ALTAMONTE SPRINGS, FL 327146515

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BLACK, GAYLON  
Address: 138 SPRING VALLEY LOOP  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: GAYLON BLACK

MR

03/28/2009

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