

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005631

Entity Name: AQUILA LLC

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

6215 26TH AVE. EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

6215 26TH AVE. EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 65-1094085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, DAVID W
6215 26TH AVE. EAST
BRADENTON, FL 34208 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: LOWE, DAVID W
Address: 6215 26AVE E
City-St-Zip: BRADENTON, FL 34208

Title: MGRM () Delete
Name: LOWE, SHERYL B
Address: 6215 26 AVE E
City-St-Zip: BRADENTON, FL 34201

Title: MGRM () Delete
Name: LOWE, MATTHEW B
Address: 6215 26 AVE E
City-St-Zip: BRADENTON, FL 34208

Title: MGRM () Delete
Name: LOWE, MICHAEL D
Address: 6215 26 AVE E
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERYL B. LOWE

MGRM

02/10/2009

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