

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013015

Entity Name: PRUITT & ASSOCIATES, LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

1410 EMERSON STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 555
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 59-3722902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PRUITT, WILLIAM R
1410 EMERSON STREET
LEESBURG, FL 34748 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: PRUITT, WILLIAM R PRES
Address: 1410 EMERSON STREET
City-St-Zip: LEESBURG, FL 34748

Title: MGRM () Delete
Name: PRUITT, KIMBERLI A SR.VP
Address: 1410 EMERSON STREET
City-St-Zip: LEESBURG, FL 34748

Title: MGRM () Delete
Name: PRUITT, SR., ROBERT D VP
Address: 1410 EMERSON STREET
City-St-Zip: LEESBURG, FL 34748

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:

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: WILLIAM R. PRUITT

PRES

06/15/2009

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