

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022427

**FILED**  
**Apr 18, 2009**  
**Secretary of State**

**Entity Name:** SUWANNEE BEND SERVICES, LLC

**Current Principal Place of Business:**

220 NORTH MAIN ST.  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

220 NORTH MAIN ST.  
SUITE 2  
CHIEFLAND, FL 32626 US

**Current Mailing Address:**

PO BOX 700  
CHIEFLAND, FL 32644

**New Mailing Address:**

**FEI Number:** 41-2049070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARSON, TODD M  
220 NORTH MAIN ST.  
CHIEFLAND, FL 32626 US

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

CARSON, TODD M  
220 NORTH MAIN ST.  
SUITE 2  
CHIEFLAND, FL 32626 US

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: TODD CARSON

04/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARSON, TODD M  
Address: 220 NORTH MAIN, SUITE 2  
City-St-Zip: CHIEFLAND, FL 32626 US

**ADDITIONS/CHANGES:**

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: TODD CARSON

MGRM

04/18/2009

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