

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022286

Entity Name: 320 DIVISION, LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

320 DIVISION STREET
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

266-B NORTH YONGE STREET
ORMOND BEACH, FL 32174

New Mailing Address:

873 HULL ROAD
UNIT 12
ORMOND BEACH, FL 32174

FEI Number: 55-0794234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIMBLE, SARANNE
266-B NORTH YONGE STREET
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

KIMBLE, SARANNE
873 HULL ROAD
UNIT 12
ORMOND BEACH, FL 32174 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:

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIMBLE, SARANNE
Address: 266-B NORTH YONGE STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: KIMBLE, JACK H
Address: 266-B NORTH YONGE STREET
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIMBLE, SARANNE
Address: 20 DEERSKIN LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM (X) Change () Addition
Name: KIMBLE, JACK H
Address: 20 DEERSKIN LANE
City-St-Zip: ORMOND BEACH, FL 32174

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: SARANNE E KIMBLE

MGMR

01/12/2009

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