

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025237

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: INFLOWSION, L.L.C.

**Current Principal Place of Business:**

320 CYPRESS ROAD  
OCALA, FL 344723102

**New Principal Place of Business:**

320 CYPRESS ROAD  
OCALA, FL 34472

**Current Mailing Address:**

120 CYPRESS ROAD  
OCALA, FL 34472

**New Mailing Address:**

FEI Number: 33-1029691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURDOCK, MICHAEL L  
7278 SE 12TH CIRCLE  
OCALA, FL 34480 US

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

LILES, JOHN K  
701 SE 43RD AVENUE  
OCALA, FL 34471 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: JOHN K LILES

01/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LILES, KEVIN J  
Address: 701 SE 43RD AVE.  
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete  
Name: MURDOCK, MICHAEL L  
Address: 7278 SE 12TH CIRCLE  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: LILES, JOHN K  
Address: 701 SE 43RD AVENUE  
City-St-Zip: OCALA, FL 34480

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: JOHN K LILES

MM

01/14/2009

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