

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028032

FILED
Mar 05, 2009
Secretary of State

Entity Name: STRAYHORN & STRAYHORN, P.L.

Current Principal Place of Business:

2125 FIRST STREET, SUITE 200
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1288
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 59-0579049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRINGLE, RICHARD W
2125 FIRST STREET., SUITE 200
FORT MYERS, FL 33901 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: STRAYHORN, GUY R
Address: 2125 FIRST STREET, SUITE 200
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: RICHARD W PRINGLE PA,
Address: 2125 FIRST STREET, SUITE 200
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: E. BRUCE STRAYHORN,, P.L.
Address: 2125 FIRST STREET, SUITE 201
City-St-Zip: FORT MYERS, FL 33901

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: RICHARD W. PRINGLE

MGRM

03/05/2009

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