

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031911

Entity Name: WARFEL HOLDINGS, LLC

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

11318 BUSINESS PARK BLVD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

11318 BUSINESS PARK BLVD.
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 06-1668003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARFEL, ROSE A
6701 POTTSBURG DR
JACKSONVILLE, FL 32216 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: DP () Delete
Name: WARFEL, CHARLES A
Address: 6701 POTTSBURG DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVS () Delete
Name: WARFEL, ROSE A
Address: 6701 POTTSBURG DR
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: DP (X) Change () Addition
Name: WARFEL, CHARLES A
Address: 6701 POTTSBURG DR
City-St-Zip: JACKSONVILLE, FL 32216

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: ROSE A. WARFEL

DVS

03/04/2009

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