2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2009
Secretary of State

DOCUMENT# L02000034538

Entity Name: AMICK ENTERPRISES, L. L. C.

Current Principal Place of Business:

5070 NEW TAMPA HWY.
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

5070 NEW TAMPA HWY.
LAKELAND, FL 33815 US

New Mailing Address:

FEI Number: 81-0587459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMIE, STEPHEN H
1905 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803 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: MGR ( ) Delete
Name: AMICK, JEFFREY D
Address: 5070 NEW TAMPA HWY
City-St-Zip: LAKELAND, FL 33815 US

Title: MGR ( ) Delete
Name: AMICK, TERESA A
Address: 5070 NEW TAMPA HWY
City-St-Zip: LAKELAND, FL 33815 US

Title: MGR (X) Delete
Name: AMICK, BRYAN J
Address: 5070 NEW TAMPA HWY.
City-St-Zip: LAKELAND, FL 33815

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: TERESA A. AMICK TA 05/26/2009

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