2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016595

Entity Name: BULL PEN PULLERS, L.L.C.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5009 SOUTH FLORIDA AVE. INVERNESS, FL 34450

Current Mailing Address: New Mailing Address:

P.O. BOX 447 INVERNESS, FL 34451

FEI Number: 65-1186892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAPERLE, DAVID R
5009 S. FLORIDA AVE.
INVERNESS, FL 34450 US
LAPERLE, D. TRAVIS
5009 S. FLORIDA AVE.
INVERNESS, FL 34450 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: D. TRAVIS LAPERLE 04/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 LAPERLE, DAVID R
 Name:
 LAPERLE, D. TRAVIS

 Address:
 2121 N. MEADOWVIEW TERR.
 Address:
 5009 SOUTH FLORIDA AVE

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:
 INVERNESS, FL 34450

Title: S () Delete Title: MGR (X) Change () Addition

 Name:
 LAPERLE, TRAVIS
 Name:
 CRAWLEY, DAWN

 Address:
 4659 E VAN NESS RD
 Address:
 9 REDBAY COURT W

 City-St-Zip:
 HERNANDO, FL 34442
 City-St-Zip:
 HOMOSASSA, FL 34446

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: D. TRAVIS LAPERLE MGR 04/28/2009