# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# L04000000713

**Entity Name:** SECTOR MANAGEMENT, LLC

**Current Principal Place of Business:**

590 CIRCLE DRIVE
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1157
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

**FEI Number: 54-2135872** **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:**

GREEN, WILLIAM H
664 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435 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: P ( ) Delete
Name: KIILBEY, BRYAN
Address: 590 CIRCLE DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES:**

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: BRYAN E KILBEY P 05/01/2009

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