## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000009369

Entity Name: BILLIE ANN SALA, L.L.C.

**FILED** Apr 15, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 7835 W. INN ST. HOMOSASSA, FL 34446 **Current Mailing Address: New Mailing Address:** P.O. BOX 2953 HOMOSASSA SPRINGS, FL 34447 FEI Number: 59-3575470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALA, BILLIE ANN 7835 W. INN ST. HOMOSASSA, FL 34446 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition

SALA, BILLIE ANN Name: Name: Address: P.O. BOX 2953 Address: City-St-Zip: HOMOSASSA SPRINGS, FL 34447 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: BILLIE ANN SALA 04/15/2009