

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011544

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** PORTERFIELD INVESTMENTS, LLC

**Current Principal Place of Business:**

1397 SR 29 S  
LABELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 428  
LABELLE, FL 33975 US

**New Mailing Address:**

**FEI Number:** 20-0985384      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PORTERFIELD, LLOYD E  
1397 SR 29 S      P. O. BOX 428  
LABELLE, FL 33975 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: MGRM ( ) Delete  
Name: PORTERFIELD, LORRAINE  
Address: P O BOX 428  
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM ( ) Delete  
Name: PORTERFIELD, LLOYD E  
Address: P O BOX 428  
City-St-Zip: LABELLE, FL 33975

**ADDITIONS/CHANGES:**

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: LLOYD PORTERFIELD      MGRM      01/16/2009

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