

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013291

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ATKINSON PUMP & WELL LLC

**Current Principal Place of Business:**

28483 THACKERAY ST  
NOBLETON, FL 34661

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 339  
NOBLETON, FL 34661

**New Mailing Address:**

FEI Number: 54-2132612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

N/A, N/A N  
N/A  
N/A, FL N/A 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: ATKINSON, GLEN A  
Address: 28483 THACKERAY ST  
City-St-Zip: NOBLETON, FL 34661

Title: MGR ( ) Delete  
Name: ATKINSON, RENEE L  
Address: 28483THACKERAY ST.  
City-St-Zip: NOBLETON, FL 34661

**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: RENEE ATKINSON

OWNE

04/30/2009

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